

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90207 027 ***150.00

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000019576					
1. Entity Name SIDNEY M. NOWELL, P.A.					
Principal Place of Business PO BOX 819 BUNNELL, FL 32110			Mailing Address PO BOX 819 BUNNELL, FL 32110		
2. Principal Place of Business - No P.O. Box # 1100 E. Moody Blvd.		3. Mailing Address P.O. Box 819			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bunnell, FL		City & State Bunnell, FL		4. FEI Number 03-0401833	
Zip 32110		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					
NOWELL, SIDNEY M 152 LONDON DR PALM COAST, FL 32107					
7. Name and Address of New Registered Agent					
Name <u>Sidney M. Nowell</u>					
Street Address (P.O. Box Number is Not Acceptable)					
<u>28 Kashmir Trail</u>					
City <u>Palm Coast</u> FL Zip Code <u>32164</u>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Sidney M. Nowell</u> DATE <u>1/8/07</u>					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	NOWELL, SIDNEY				
STREET ADDRESS	PO BOX 819				
CITY - ST - ZIP	BUNNELL, FL 32110				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sidney M. Nowell</u> Date <u>1-8-07</u> Daytime Phone # <u>386-437-1668</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					