2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084726

1. Entity Name DONALD RAY POWELL, INC.



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

407 CARPENTER AVENUE, NW PALM BAY, FL 32907

Mailing Address

407 CARPENTER AVENUE, NW PALM BAY, FL 32907



03032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2119394 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

POWELL, DONALD R

DO NOT WRITE

PALM BAY, FL 32907				IN	THIS	SPACE	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May B Added to Fees	е		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVTS POWELL, DONALD R 407 CARPENTER AVENUE, NW PALM BAY, FL 32907	PTORS			. 1	/U000000863 1/03/08-801	709 - 04-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP							4
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	r 2 c €	WRITE	* * * **
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.			
TITLE) (*)	•	4

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.

STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

(321) 720-5121