


## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05 NOV 22 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000090824</b> 1. Entity Name <b>LARRY POWELL CONSTRUCTION, INC.</b>			
Principal Place of Business <b>9828 SE 160TH PL. SUMMERFIELD, FL 34491</b>		Mailing Address <b>9828 SE 160TH PL. SUMMERFIELD, FL 34491</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>9828 SE 160th PL</b> Suite, Apt. #, etc.	
City & State <b>Summerfield, FL</b>		City & State <b>Summerfield, FL</b>	
Zip <b>34491</b>		Zip <b>34491</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2386798</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POWELL, LARRY A 9828 SE 160TH PL. SUMMERFIELD, FL 34491</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
<b>Amended AR is \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PO</b>	NAME <b>POWELL, LARRY A</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>
STREET ADDRESS <b>9828 SE 160TH PLACE</b>	CITY-ST-ZIP <b>SUMMERFIELD, FL 34491</b>	<input type="checkbox"/> Change	NAME <b>Carolyn G. Powell</b>
CITY-ST-ZIP <b>SUMMERFIELD, FL 34491</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Addition	STREET ADDRESS <b>9828 S.E. 160th PL</b>
CITY-ST-ZIP <b>SUMMERFIELD, FL 34491</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change	CITY-ST-ZIP <b>Summerfield, FL 34491</b>
CITY-ST-ZIP <b>SUMMERFIELD, FL 34491</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	CITY-ST-ZIP <b>Summerfield, FL 34491</b>
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CITY-ST-ZIP <b>SUMMERFIELD, FL 34491</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	CITY-ST-ZIP <b>Summerfield, FL 34491</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE: <u>Larry A Powell</u></b>		<b>11-17-05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>352-274-4637</small>		<small>Telephone #</small>	