


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90038 023 \*\*\*150.00

|   |                        |  |  |   |  |
|---|------------------------|--|--|---|--|
| <b>DOCUMENT # P04000137766</b>  |                        |  |  |    |  |
| 1. Entity Name<br><b>POWELL PETROLEUM TRUCKING, INC.</b>  |                        |  |  |   |  |
| Principal Place of Business<br><b>4006 E CLIFTON ST<br/>TAMPA FL 33610</b>  |                        |  | Mailing Address<br><b>4006 E CLIFTON ST<br/>TAMPA FL 33610</b> |   |  |
| 2. Principal Place of Business  |                        |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                        |  | Suite, Apt. #, etc.  |   |  |
| City & State  |                        |  | City & State   |   |  |
| Zip   | Country                | Zip  | Country  | 4. FEI Number<br><b>33-109 3001</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                        |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>POWELL, JARAL<br/>4006 E CLIFTON ST<br/>TAMPA FL 33610</b>  |                        |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Marissa Powell-Bowick</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12219 Anne Kenia Drive</b><br>City <b>Thonotosassa, FL</b> Zip Code <b>33592</b> |  |
| 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.<br>SIGNATURE <b>Marissa Powell-Bowick</b> DATE <b>3/8/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                        |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                        |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |   |  |
| TITLE   | P                      | <input checked="" type="checkbox"/> Delete | TITLE  | V   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | POWELL, JANIE          |  | NAME   | Powell, Janie   |  |
| STREET ADDRESS  | 4006 E CLIFTON ST      |  | STREET ADDRESS   | 4006 E Clifton  |  |
| CITY-ST-ZIP   | TAMPA FL 33610         |  | CITY-ST-ZIP  | Tampa, FL 33610   |  |
| TITLE   | V                      | <input checked="" type="checkbox"/> Delete | TITLE  | P   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | POWELL-BOWICK, MARISSA |  | NAME   | Powell, Jaral   |  |
| STREET ADDRESS  | 12212 ANNE KENIA DR    |  | STREET ADDRESS   | 4006 E Clifton St   |  |
| CITY-ST-ZIP   | THONOTOSASSA FL 33592  |  | CITY-ST-ZIP  | Tampa, FL 33610   |  |
| TITLE   | S                      | <input type="checkbox"/> Delete            | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | STERREX, CARRIE        |  | NAME   |   |  |
| STREET ADDRESS  | 3618 POTTER ST         |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA FL 33610         |  | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete            | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |  | NAME   |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete            | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |  | NAME   |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete            | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |  | NAME   |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP  |   |  |

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.

**SIGNATURE:**

*Janal Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/05 (813) 620-1563**  
Date Daytime Phone #