


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 022 ***150.00

DOCUMENT # P05000136662 1. Entity Name POWELL FAMILY MANAGEMENT, INC.	
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Principal Place of Business 422 NORTH MAIN STREET CRESTVIEW, FL 32536 US	Mailing Address P.O. BOX 277, 422 NORTH MAIN STREET CRESTVIEW, FL 32536 US
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60032205



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

POWELL, DIXIE D 422 NORTH MAIN STREET CRESTVIEW, FL 32536
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, DIXIE D P.O. BOX 277, 422 NORTH MAIN STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, GILLIS E JR. P.O. BOX 277, 422 NORTH MAIN STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWELL, AVA S P.O. BOX 277, 422 NORTH MAIN STREET CRESTVIEW, FL 32536
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 filers empowered.

SIGNATURE:  **4-29-08** **850-682-2757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #