

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-30-2008 901.59 022 \*\*\*150.00

**DOCUMENT # P05000136662**

1. Entity Name  
POWELL FAMILY MANAGEMENT, INC.



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

**60032205**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, DIXIE D  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**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 \_\_\_\_\_

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 #