


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-25-2007 90002 011 ***150.00
P98000106562

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DOCUMENT # P98000106562	
1. Entity Name POWELL CONSTRUCTION AND REPAIRS, INC.	

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1st MOORE CR2E034 (10/06)

Principal Place of Business 910 N COLLINS ST PLANT CITY FL 33563	Mailing Address 910 N COLLINS ST PLANT CITY FL 33563
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3547836	Applied For <input type="checkbox"/> 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	
SEIFTER, FRED 107 S. PARSONS AVE. BRANDON FL 33511	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
-Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
S POWELL, MOLLIE D 910 N COLLINS ST PLANT CITY FL 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PRES POWELL, ROBERT N PRESIDE 910 N COLLINS STREET PLANT CITY FL 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Mollie D Powell 6-18-07 813967 0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Dept. Of Corporations

Attn: Tina Carter, per request, July 2, 2007

Powell Construction and Repairs, Incorporated, did not meet the filing deadline of May 1, 2007 due to the hospitalization and death of the president of the company, Robert N. Powell. The filing form was located in his office after his death. Mr. Powell was rediagnosed in March of this year and was hospitalized shortly after. He never came home from the hospital. In mid-May, I took control of the company and as his wife, went through his belongings.

Due to these unusual circumstances, I am asking you to waive the \$400 late fee. I have sent in the \$150 filing fee and did so immediately upon finding the notice.

I am faxing a copy of his death certificate for verification, if you need it. Please shred it immediately as it can be used in identity theft.

If you have questions, please call me at (813) 659-1289.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mollie D. Powell', with a large, stylized initial 'M'.

Mollie D. Powell

You may contact me