## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 16, 2004 08:00 AM Secretary of State DOCUMENT # P98000108014 1. Entity Name LLOYD POWELL INC. Principal Place of Business Mailing Address 5053 PINE RIDGE DRIVE 5053 PINE RIDGE DRIVE CHIPLEY, FL 32428 CHIPLEY, FL 32428 03142004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3549961 Not Approable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent POWELL, LLOYD DO NOT WRITE 5053 PINE RIDGE DRIVE CHIPLEY, FL 32428 IN THIS SPACE 4. 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 Squalar typedic princh same of log righted agone and the diappoint of the processor. (NOTE: Registered Age is agreed a required when rehistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000089855 Trust Fund Contribution. Added to Fees 03/16<u>/04-8</u>0005-021 OFFICERS AND DIRECTORS 10. PT TIRLE POWELL, LLOYD NAME **5053 PINE RIDGE DRIVE** STREET ADDRESS CHIPLEY, FL 32428 CITY ST 705 TILE MORRIS, JULIE NALE 5053 PINE RIDGE DRIVE STREET ADDRESS CITY ST ZIP CHIPLEY, FL 32428 $\pi\pi$ E KALLE STREET ADDRESS DO NOT WRITE CITY ST ZIF mnf IN THIS SPACE MAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ALDRESS CRY ST ZIP BILL

12. I hereby certify that the information supplied with this filling does not quality 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 it made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this econd as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with pill other like ephotowered.

SIGNATURE:

NAME STREET ADDRESS CRY ST DR

OFFICER OR DIRECTOR

3-13-04