## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000108014

**Entity Name:** LLOYD POWELL INC.

FILED Oct 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5053 PINE RIDGE DRIVE CHIPLEY, FL 32428 **Current Mailing Address: New Mailing Address:** 

5053 PINE RIDGE DRIVE CHIPLEY, FL 32428

FEI Number: 59-3549961 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL, LLOYD 5053 PINÉ RIDGE DRIVE CHIPLEY, FL 32428

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.

SIGNATURE: LLOYD POWELL

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

POWELL, LLOYD Name: Name: 5053 PINE RIDGE DRIVE Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip:

( ) Delete Title: Title: () Change () Addition

Name: MORRIS, JULIE Name: 5053 PINE RIDGE DRIVE Address: Address: CHIPLEY, FL 32428 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD POWELL **PRES** 10/12/2005