2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108014

Entity Name: LLOYD POWELL INC.

Current Principal Place of Business:

FILED Jan 14, 2009 Secretary of State

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 PINE RIDGE DRIVE CHIPLEY, FL 32428 US

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:

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

City-St-Zip:

New Principal Place of Business:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

POWELL, LLOYD N

CHIPLEY, FL 32428

5053 PINE RIDGE DRIVE

(X) Change () Addition

 Title:
 PT () Delete

 Name:
 POWELL, LLOYD

 Address:
 5053 PINE RIDGE DRIVE

 City-St-Zip:
 CHIPLEY, FL 32428

itle: S () Delete Title: () Change () Addition

 Title:
 S
 () Delete

 Name:
 MORRIS, JULIE

 Address:
 5053 PINE RIDGE DRIVE

 City-St-Zip:
 CHIPLEY, FL 32428

 E
 Name:

 DGE DRIVE
 Address:

 32428
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 N POWELL P 01/14/2009