

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S83208

Entity Name: WILLIAM M. POWELL, INC.

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3515 DEL PRADO BLVD., SOUTH  
SUITE 101  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

12591 ARBUCKLE COURT  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0286978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWELL, WILLIAM M.  
12591 ARBUCKLE COURT  
NORTH FORT MYERS, FL 33903 US

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

POWELL, WILLIAM M.  
12591 ARBUCKLE COURT  
NORTH FORT MYERS, FL 33903 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: WILLIAM M. POWELL

01/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: POWELL, WILLIAM M  
Address: 12591 ARBUCKLE CT  
City-St-Zip: N. FORT MYERS, FL

Title: TSD  
Name: PELLAND, JOHN F  
Address: 4540 RANDAG DRIVE  
City-St-Zip: N FT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POWELL

PSD

01/30/2012

Electronic Signature of Signing Officer or Director

Date