## 2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Mar 22, 2006 08:00 Al DOCUMENT # F98000001411 **Secretary of State** 1. Entity Name POWELL FURNITURE, INC. Principal Place of Business Mailing Address 203 EAST THREE STREET 203 EAST THREE STREET ANDALUSIA, AL 36420 ANDALUSIA, AL 36420 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 63-1190479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMEY, E. A DO NOT WRITE 1250 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32433 IN THIS SPACE 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 reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE POWELL, HAROLD O NAME ROUTE 8, BOX 51B STREET ADDRESS U000000476365 CITY-ST-ZIP ANDALUSIA, AL 36420 04/06/06-80007-014 MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: <

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIREC

3-20-06

334-231-5212

Davrime Phone #