

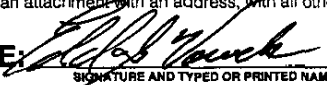


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90051 047 \*\*\*150.00

<b>DOCUMENT # G61885</b>					
1. Entity Name <b>VOWELS, INC.</b>					
Principal Place of Business C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US			Mailing Address C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US		
2. Principal Place of Business		3. Mailing Address		 01052004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2322938</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOWELS, EDD G	NAME	Vowels, EDD G.		
STREET ADDRESS	3217 EVERGREEN RD.	STREET ADDRESS	2130 Dog Leg Dr.		
CITY-ST-ZIP	LORIDA, FL	CITY-ST-ZIP	SEBRING, FL. 33872		
TITLE	TS <input type="checkbox"/> Delete	TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOWELS, MARY L	NAME	Vowels, MARY L.		
STREET ADDRESS	3217 EVERGREEN RD.	STREET ADDRESS	2130 Dog Leg Dr.		
CITY-ST-ZIP	LORIDA, FL	CITY-ST-ZIP	SEBRING, FL. 33872		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Edd G. Vowels		863 385 4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #