

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J42414**  
 1. Entity Name  
**VOWELL'S DOWNTOWN, INC.**



Principal Place of Business  
**50 E GARDEN ST  
 PENSACOLA, FL 32502**

Mailing Address  
**50 E GARDEN ST  
 PENSACOLA, FL 32502**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2729022**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VOWELL, REX E  
 3865 POTOSI RD  
 PENSACOLA, FL 32504**

**DO NOT WRITE  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000351342  
 05/02/05-80140-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VOWELL, MARY R
STREET ADDRESS	3035 WINDERMERE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	V
NAME	VOWELL, MICHAEL O
STREET ADDRESS	1237 TAMARA DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	TS
NAME	VOWELL, REX E
STREET ADDRESS	3865 POTOSI RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	M
NAME	ROBERTS, JOHN T JR
STREET ADDRESS	7005 WOODLEY DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Rex E. Vowell Rex E. Vowell 4/29/05 850-438-7831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #