



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P02000003384 1. Entity Name OWENS LAW GROUP, P.A. |  |
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| Principal Place of Business 811-B CYPRESS VILLAGE BLVD. RUSKIN, FL 33573 | Mailing Address 811-B CYPRESS VILLAGE BLVD. RUSKIN, FL 33573 |
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 60-0000714 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OWENS, V. JEAN ESQ
 811-B CYPRESS VILLAGE BLVD.
 RUSKIN, FL 33573

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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, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P OWENS, V. JEAN 13003 WATERFORD RUN DR. RIVERVIEW, FL 33569 |
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 02/01/08-80045-012 150.00

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12. I hereby 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 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: Jean Owen 1-21-08 813-633-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #