

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90086 011 ***150.00

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1. Entity Name
ROWE AND ROWE, P.A.



Principal Place of Business
**9471 BAYMEADOWS ROAD, SUITE #203
JACKSONVILLE, FL 32256**

Mailing Address
**9471 BAYMEADOWS ROAD, SUITE #203
JACKSONVILLE, FL 32256**

40100466



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1973354 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROWE, ROBERT L., JR.
9471 BAYMEADOWS ROAD, SUITE #203
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name **R. Lee ROWE III**

Street Address (P.O. Box Number is Not Acceptable)

9471 BAYMEADOWS ROAD SUITE 203

City **JACKSONVILLE**

FL Zip Code **32256**

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.

R. Lee ROWE, III

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROWE, ROBERT L., JR.**
STREET ADDRESS **9471 BAYMEADOWS RD. #203**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **VSTD** ☐ Delete
NAME **ROWE, R. LEE, III**
STREET ADDRESS **9471 BAYMEADOWS RD. #203**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/30/07

DATE

(904) 730-2070

DAYTIME PHONE #