

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L96294

**Entity Name:** GOWEN FAMILY HOLDINGS, INC.

**Current Principal Place of Business:**

215 CELEBRATION PLACE  
SUITE 340  
CELEBRATION, FL 34747

**Current Mailing Address:**

PO BOX 620905  
ORLANDO, FL 32862-0905 US

**FEI Number: 59-3104647**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LANE, CHARLES C.  
100 S ASHLEY DR  
SUITE 1700  
TAMPA, FL 33602 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            GOWEN, KEVIN RSR  
Address        215 CELEBRATION PLACE, SUITE 340  
  
City-State-Zip: CELEBRATION FL 34747

Title            ST  
Name            GOWEN, KRISTINE A  
Address        215 CELEBRATION PLACE, SUITE 340  
  
City-State-Zip: CELEBRATION FL 34747

Title            VP  
Name            SUDOVSKY, MARTHA J  
Address        215 CELEBRATION PLACE, SUITE 340  
  
City-State-Zip: CELEBRATION FL 34747

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN R. GOWEN SR.**

**PRESIDENT**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date