2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Mar 26, 2005 08:00 AM **Secretary of State DOCUMENT # 129207** 1. Entity Name ____ BILL OWENS FORD, INC. Principal Place of Business Mailing Address 43 E. MAIN ST. 43 E. MAIN ST. AVON PARK, FL 33825 AVON PARK, FL 33825 No Chg-P CR2E034 (10/03) 03232005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0150860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OWENS, WILLIAM H DO NOT WRITE 809 E, CAMPHOR ST. AVON PARK, FL 33825 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME OWENS, WILLIAM H STREET ADDRESS 809 E, CAMPHOR ST. U00000277284 03/26/05-80022-021 150.00 AVON PARK, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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

453-2200

FILED