


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90018 007 ***150.00

DOCUMENT # 242249
 1. Entity Name
FOWLER INVESTMENTS, INC.



Principal Place of Business Mailing Address
 1596 LANCASTER TERRACE 1596 LANCASTER TERRACE
 UNIT 12 A UNIT 12 A
 JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US

54014444



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02282004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
59-0953591 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

FOWLER, L. B.
 1596 LANCASTER TERRACE
 UNIT 12 A
 JACKSONVILLE, FL 32204

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD Delete
 NAME FOWLER, R W
 STREET ADDRESS 993 PONTE VEDRA BLVD
 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32004

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME FOWLER, L B
 STREET ADDRESS 993 PONTE VEDRA BLVD
 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32004

TITLE VPD Change Addition
 NAME Fowler, L.B.
 STREET ADDRESS 1596 Lancaster Terrace; Unit:12A
 CITY-ST-ZIP Jacksonville, FL 32204

TITLE SD Delete
 NAME FOWLER, CORALINE T
 STREET ADDRESS 993 PONTE VEDRA BLVD
 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32004

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.B. Fowler 3/2/04 904 355-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #