

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 443759

Entity Name: FOWLER SAILS, INC.

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2585 WINDING LAKE TR NE  
CONYERS, GA 30012 US

**New Principal Place of Business:**

**Current Mailing Address:**

2585 WINDING LAKE TRL NE  
CONYERS, GA 30012 US

**New Mailing Address:**

FEI Number: 59-1593055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, RICHARD J  
232 FLEMING ST  
KEY WEST, FL 33040 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: FOWLER, NANCY W  
Address: 2585 WINDING LAKE TRL NE  
City-St-Zip: CONYERS, GA 30012 US

Title: DTP  
Name: FOWLER, CHARLES A  
Address: 2585 WINDING LAKE TRL NE  
City-St-Zip: CONYERS, GA 30012

Title: T  
Name: FOWLER, CHARLES A  
Address: 2585 WINDING LAKE TR NE  
City-St-Zip: CONYERS, GA 30012

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: NANCY W. FOWLER

VSD

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date