

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591065

FILED
Jan 09, 2008
Secretary of State

Entity Name: FOWLER CONSTRUCTION AND DEVELOPMENT INC.

Current Principal Place of Business:

10561 SIX MILE CYPRESS PARKWAY
SUITE A
FORT MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

10561 SIX MILE CYPRESS PARKWAY
SUITE A
FORT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 59-1897873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, ROBERT B
10561 SIX MILE CYPRESS PARKWAY
SUITE A
FT MYERS, FL 33966 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FOWLER, ROBERT B
Address: 10561 SIX MILE CYPRESS PKWY., SUITE A
City-St-Zip: FT MYERS, FL 33966 US

Title: DST () Delete
Name: FOWLER, JOANNE H
Address: 10561 SIX MILE CYPRESS PKWY., SUITE A
City-St-Zip: FT MYERS, FL 33966 US

Title: P () Delete
Name: FOWLER, ROBERT B JR
Address: 10561 SIX MILE CYPRESS PKWY., SUITE A
City-St-Zip: FORT MYERS, FL 33966 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE H. FOWLER

DST

01/09/2008

Electronic Signature of Signing Officer or Director

Date