

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690468</b>	
1. Entity Name OWENS, VAN ETTA AND KITSON, P.A.	



Principal Place of Business EGMONT PROFESSIONAL PARK 1947 CITRONA DRIVE FERNANDINA BEACH, FL 32034	Mailing Address 1947 CITRONA DR BLDG B FERNANDINA BEACH, FL 32034 US
---	---



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2097256	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  OWENS, C.K. 1947 CITRONA DR, BLDG B FERNANDINA BEACH, FL 32034		<b>DO NOT WRITE IN THIS SPACE</b>
---	--	---------------------------------------

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, C K 1947 CITRONA DR, BLDG B FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANETTA, G R 1947 CITRONA DR, BLDG B FERNANDINA BCH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KITSON, LAURIE 1947 CITRONA DR, BLDG B FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1111111306881  
04/15/05-80034-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

1/26/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #