

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2004
Secretary of State**

DOCUMENT# 837852

Entity Name: GOWEN OIL CO., INC.

Current Principal Place of Business:

SOUTH THIRD ST.
P. O. BOX 445
FOLKSTON, GA 31537

New Principal Place of Business:

802 S SECOND ST
P. O. BOX 445
FOLKSTON, GA 31537

Current Mailing Address:

SOUTH THIRD ST.
P. O. BOX 445
FOLKSTON, GA 31537

New Mailing Address:

P.O. BOX 445
FOLKSTON, GA 31537

FEI Number: 58-1261617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WESLEY R ESQ
303 CENTRE ST,
STE 200
FERNANDINA BCH, FL 32034 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: PD () Delete
Name: GOWEN, G. R. III,
Address: NORTH THIRD ST. BOX 445
City-St-Zip: FOLKSTON GA,

Title: S () Delete
Name: GOWEN, CHARNA W.,
Address: NORTH THIRD ST. BOX 445
City-St-Zip: FOLKSTON GA,

Title: D () Delete
Name: GOWEN, CHARNA W.,
Address: NORTH THIRD ST. BOX 445
City-St-Zip: FOLKSTON GA,

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 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 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: CHARNA W GOWEN

S

03/22/2004

Electronic Signature of Signing Officer or Director

Date