2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837852

City-St-Zip:

FOLKSTON GA,

ntity Name: GOWEN OIL CO., INC.

FILED Apr 04, 2005 Secretary of State

| Entity Nai | me: GOWEN | OIL CO., INC. | | | |
|-----------------------------------------------|----------------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 802 S SEC P. O. BOX FOLKSTO | | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| P.O. BOX FOLKSTO | 445 N, GA 31537 | | | | |
| FEI Number: 58-1261617 FEI Number | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 303 CENT STE 200 | VESLEY R ESC RE ST, DINA BCH, FL | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (GOWEN, G. R. NORTH THIRD FOLKSTON GA | ST. BOX 445 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | S (GOWEN, CHAI NORTH THIRD FOLKSTON GA | ST. BOX 445 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D (GOWEN, CHAI NORTH THIRD | • | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: GR GOWEN,III PRES 04/04/2005