2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#837852

Entity Name: GOWEN OIL CO., INC.

FILED Feb 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

POOLE, WESLEY R ESQ

303 CENTRE ST,

STE 200

FERNANDINA BCH, FL 32034 US

CAVEN, JOHN
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

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: JOHN CAVEN 02/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 GOWEN, G. R. III,
 Name:

 Address:
 NORTH THIRD ST. BOX 445
 Address:

 City-St-Zip:
 FOLKSTON GA,
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 GOWEN, CHARNA W.,
 Name:

 Address:
 NORTH THIRD ST. BOX 445
 Address:

 City-St-Zip:
 FOLKSTON GA,
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

Name:GOWEN, CHARNA W.,Name:Address:NORTH THIRD ST. BOX 445Address:City-St-Zip:FOLKSTON GA,City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: G.R. GOWEN III PD 02/26/2007