2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State
04-20-2006 90192 012 ***158.75

DOCUMENT # F00000007146

1. Entity Name
T.W. OWENS CHARTERS, INC.

Principal Place of Business	Mailing Address
212 HWY 98 E #301 DESTIN FL 32541	212 HWY 98 E #301 DESTIN FL 32541

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
	Rt 1 Box 1456
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Toccoa, GA
Zip / Country	Zip: 30577 Country: USA

4. FEI Number: 58-2265433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired. ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, PRISCILLA
212 HWY 98E #301
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Glenn Owens
Street Address (P.O. Box Number is Not Acceptable): 703 N. Lakeside Drive
City: Destin FL Zip Code: 32541

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: GLENN OWENS [signature] 5-3-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	OWENS, GLENN	
STREET ADDRESS	ROUTE 1 BOX 1179	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE	ST	☐ Delete
NAME	OWENS, HAZEL	
STREET ADDRESS	RT 1 BOX 1456	
CITY-ST-ZIP	TOCCOA GA 30577	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] Hazel Owens 4-10-06 706-886-9230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #