


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90047 021 \*\*\*150.00

<b>DOCUMENT # F00000007146</b> 1. Entity Name T.W. OWENS CHARTERS, INC.	
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Principal Place of Business 212 HWY 98 E #301 DESTIN, FL 32541	Mailing Address RT 1 BOX 1456 TOCCOA, GA 30577
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**DO NOT WRITE IN THIS SPACE**

40007556



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2265433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  OWENS, GLENN 703 N LAKESIDE DR DESTIN, FL 32541
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**DO NOT WRITE  
IN THIS SPACE**

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* GLENN OWENS 1-20-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, GLENN ROUTE 1 BOX 1179 TOCCOA, GA 30577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWENS, HAZEL RT 1 BOX 1456 TOCCOA, GA 30577
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #