
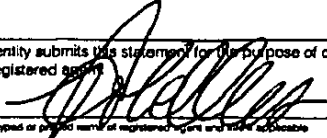
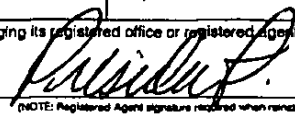
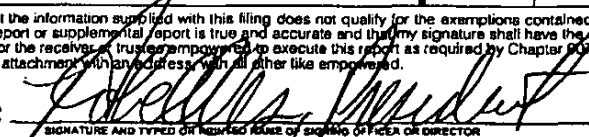


**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

5/.

05-29-2007 90040 020 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F04000002756					
1. Entity Name OWENS, RENZ & LEE CO., INC.					
Principal Place of Business 2 SUMMIT PLACE BRANFORD, CT 06405		Mailing Address 2 SUMMIT PLACE BRANFORD, CT 06405			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1300465	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent OWENS, ROBERT D 37 N. ORANGE AVENUE, STE. 500 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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: 		SIGNATURE: 		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, ROBERT D		NAME	LARA S. OWENS	
STREET ADDRESS	79 R WILDWOOD LANE		STREET ADDRESS	79 R Wildwood Lane	
CITY-ST-ZIP	DURHAM, CT 06422		CITY-ST-ZIP	DURHAM, CT 06422	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENZ, F. TODD		NAME	ROBERT D. OWENS	
STREET ADDRESS	2839 LONG HILL ROAD		STREET ADDRESS	79 R Wildwood Lane	
CITY-ST-ZIP	GUILFORD, CT 06437		CITY-ST-ZIP	DURHAM, CT 06422	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, J. RICHARD		NAME		
STREET ADDRESS	12 STANTON COURT		STREET ADDRESS		
CITY-ST-ZIP	MADISON, CT 06443		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, L. JAY		NAME		
STREET ADDRESS	2 KNOLLWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GLASTONBURY, CT 06033		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, trustee, or 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: 		6/8/07		203-494-1245	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Days to Print	

66018859



05152007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1300465 Applied For Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

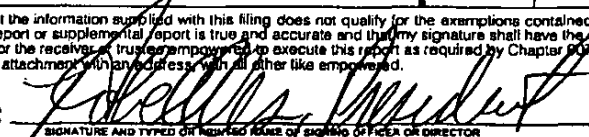
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	OWENS, ROBERT D	
STREET ADDRESS	79 R WILDWOOD LANE	
CITY-ST-ZIP	DURHAM, CT 06422	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RENZ, F. TODD	
STREET ADDRESS	2839 LONG HILL ROAD	
CITY-ST-ZIP	GUILFORD, CT 06437	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEE, J. RICHARD	
STREET ADDRESS	12 STANTON COURT	
CITY-ST-ZIP	MADISON, CT 06443	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, L. JAY	
STREET ADDRESS	2 KNOLLWOOD DRIVE	
CITY-ST-ZIP	GLASTONBURY, CT 06033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA S. OWENS	
STREET ADDRESS	79 R Wildwood Lane	
CITY-ST-ZIP	DURHAM, CT 06422	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT D. OWENS	
STREET ADDRESS	79 R Wildwood Lane	
CITY-ST-ZIP	DURHAM, CT 06422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, trustee, or 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:  6/8/07 203-494-1245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Print