


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G08477</b> 1. Entity Name <b>MOWREY ELEVATOR COMPANY OF FLORIDA, INC.</b>		
Principal Place of Business <b>4518 LAFAYETTE STREET MARIANNA, FL 32446</b>	Mailing Address <b>4518 LAFAYETTE STREET MARIANNA, FL 32446</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MOWREY, TIMOTHY S 4518 LAFAYETTE ST MARIANNA, FL 32446</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOWREY, TIMOTHY S 4518 LAFAYETTE ST MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST MOWREY, LAURA 4518 LAFAYETTE ST MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REDMOND, DAN 4518 LAFAYETTE STREET MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 of the corporation 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 this filing, with all other like filings.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/16/05</b> <b>850-526-4111</b> <small>Date Daytime Phone #</small>



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2240966</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1100000269298  
03/19/05-80006-004 150.00

**DO NOT WRITE  
IN THIS SPACE**