



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-10, 2005 08:00 AM
Secretary of State

DOCUMENT # G61885 1. Entity Name VOWELS, INC.	
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Principal Place of Business C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US	Mailing Address C/O EDD G. VOWELS 3117 U.S. HWY. 27 SO. SEBRING, FL 33870 US
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DO NOT WRITE IN THIS SPACE


01042005 No Chg-P CR2E034 (10/03)
4. FEI Number **59-2322938** Applied For
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**EDD G. VOWELS
3117 U.S. HWY. 27 SO.
SEBRING, FL 33870**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOWELS, EDD G 2130 DOG LOG DR. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS VOWELS, MARY L 2130 DOG LOG DR. SEBRING, FL 33872
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01/10/05-80037-025 150.00
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IN THIS SPACE**

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 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:  **Edd G. Vowels** 1-5-05 8633854499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #