

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77184

Entity Name: W.E. BILLY OWENS, INC.

FILED
Feb 16, 2010
Secretary of State

Current Principal Place of Business:

524 N. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301

New Principal Place of Business:

524 N. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 12704
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2581103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, W. E.
524 N. MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: OWENS, W.E.
Address: 1004 MIMOSA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VD
Name: OWENS, LYNDIA
Address: 1004 MIMOSA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: STD
Name: HAWKINS, AMY O
Address: 2004 ACORN RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY O HAWKINS

STD

02/16/2010

Electronic Signature of Signing Officer or Director

Date