
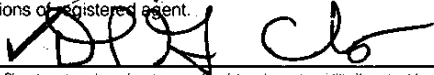
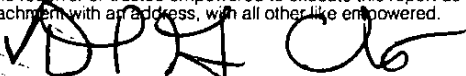


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 020 ***150.00

DOCUMENT # H97318 1. Entity Name DAN COWELS TIEBEAMS, INC.																											
Principal Place of Business 11022 METRO PARKWAY #22 FORT MYERS, FL 33912 US		Mailing Address 245 NETHERLAND AVE. NO. FORT MYERS, FL 33903																									
2. Principal Place of Business - No P.O. Box # 3949 Evans Av.		3. Mailing Address 3949 Evans Av.																									
Suite, Apt. #, etc. # 403		Suite, Apt. #, etc. # 403																									
City & State Fort Myers FL		City & State Fort Myers FL																									
Zip 33901		Zip 33901																									
Country USA		Country USA																									
6. Name and Address of Current Registered Agent COWELS, DAN G 322 N.E. 18TH PLACE CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> 1/15/08 <small>DATE</small> </div> </div>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">POWN</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COWELS, DANIEL G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>322 NE 18TH PL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAAPE CORAL, FL 33990</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	POWN	<input type="checkbox"/> Delete	NAME	COWELS, DANIEL G		STREET ADDRESS	322 NE 18TH PL		CITY - ST - ZIP	CAAPE CORAL, FL 33990		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	POWN	<input type="checkbox"/> Delete																									
NAME	COWELS, DANIEL G																										
STREET ADDRESS	322 NE 18TH PL																										
CITY - ST - ZIP	CAAPE CORAL, FL 33990																										
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 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.																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> 1/15/08 <small>DATE</small> </div> </div>																											



01112008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2640357** Applied For ☐ Not Applicable ☒

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

FL Zip Code

1/15/08

\$5.00 May Be Added to Fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

739-275-7766