2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 17, 2004 8:00 am

ecretary	of State	
06-17-2004 90001	038 ***158.75	

DOCUMENT # J08070 1. Entity Name OWENS FAMILY SERVICES, INC. Mailing Address 54057713 Principal Place of Business POBOX 211 16 N-OLEANDER-ST-1595 FARNSWORTH AVE ROSELANDFL PO-BOX-518 VALKARIA, FL 32950 32957 FELLSMERE, FL-32948-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2662780 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OWENS, WILLIAM DANA Street Address (P.O. Box Number is Not Acceptable) 1595 FARNSWORTH AVE VALKARIA FL 32950 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition Change TITLE TITLE OWENS, CLAYTON NAME NAME ! 9688 HÖNEYSUCKLE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MICCO; FL 32976 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition OWENS, ALICIA NAME NAME STREET ADDRESS 9801 PINE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICCO, FL ☐ Delete TITLE ☐ Addition OWENS, KAREN. --NAME --HAME 1595 FARNSWORTH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALKARIA, FL 32950 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE OWENŜ, WILLIAM VERNON NAME NAME 9801 PINE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICCO, FL Delete TITLE □ Change ☐ Addition TITLE ST OWENS, WILLIAM DANA NAME NAME 1595 FARNSWORTH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP VALKARIA, FL 32950 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAME 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 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.

Tresident.

OWENS FAMILY SERVICES, INC.

540577/3

1595 Farnsworth Ave. Valkaria, FL 32950 Telephone: (772) 664-5389

#LJO 8070

State of Florida
Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

June 14, 2004

Re: Document # J08070

To whom it may concern:

The above corporation is late filing its 2004 Uniform Business Report (UBR).

Please be informed that this corporation did not receive the 2004 UBR notice. Therefore, we hereby request that you waive the \$400 penalty.

Enclosed is our Annual Report, duly signed, together with a check for \$155.75

Thank you for your kind consideration. If there is any additional information you require, please contact us immediately.

Sincerely yours,

W. Vernon Owens, President