

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # J08070



1. Entity Name

OWENS FAMILY SERVICES, INC.

Principal Place of Business

PO BOX 211
ROSELAND FL 32957
US

Mailing Address

P.O. BOX 211
ROSELAND FL 32957
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 59-2662780

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, WILLIAM DANA
1595 FARNSWORTH AVE
VALKARIA FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	OWENS, CLAYTON	
STREET ADDRESS	9688 HONEYSUCKLE DR	
CITY-STATE-ZIP	MICCO FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, ALICIA	
STREET ADDRESS	9801 PINE ST.	
CITY-STATE-ZIP	MICCO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, KAREN	
STREET ADDRESS	1595 FARNSWORTH AVE.	
CITY-STATE-ZIP	VALKARIA FL 32950	
TITLE	P	<input type="checkbox"/> Delete
NAME	OWENS, WILLIAM VERNON	
STREET ADDRESS	9801 PINE ST.	
CITY-STATE-ZIP	MICCO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OWENS, WILLIAM DANA	
STREET ADDRESS	1595 FARNSWORTH AVE.	
CITY-STATE-ZIP	VALKARIA FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000610708
CITY-STATE-ZIP	02/02/07-80030-006 158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

William Vernon Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 (772) 664 5389

Date

Daytime Phone #