

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08070

FILED
Mar 30, 2009
Secretary of State

Entity Name: OWENS FAMILY SERVICES, INC.

Current Principal Place of Business:

PO BOX 211
ROSELAND, FL 32957 US

New Principal Place of Business:

9688 HONEYSUCKLE DR
SEBASTIAN, FL 32976 US

Current Mailing Address:

P.O. BOX 211
ROSELAND, FL 32957 US

New Mailing Address:

FEI Number: 59-2662780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, WILLIAM DANA
1595 FARNSWORTH AVE
VALKARIA, FL 32950 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: DV () Delete
Name: OWENS, CLAYTON
Address: 9688 HONEYSUCKLE DR
City-St-Zip: MICCO, FL 32976

Title: D () Delete
Name: OWENS, ALICIA
Address: 9801 PINE ST.
City-St-Zip: MICCO, FL

Title: D () Delete
Name: OWENS, KAREN
Address: 1595 FARNSWORTH AVE.
City-St-Zip: VALKARIA, FL 32950

Title: P () Delete
Name: OWENS, WILLIAM VERNON
Address: 9801 PINE ST.
City-St-Zip: MICCO, FL

Title: ST () Delete
Name: OWENS, WILLIAM DANA
Address: 1595 FARNSWORTH AVE.
City-St-Zip: VALKARIA, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OWENS, ALICIA
Address: 9801 PINE ST.
City-St-Zip: MICCO, FL 32976

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: OWENS, WILLIAM VERNON
Address: 9801 PINE ST.
City-St-Zip: MICCO, FL 32976

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICIA OWENS

D

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date