

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # J23681 1. Entity Name COWAN DRAFTING AND BLUEPRINT SERVICE, INC.	
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Principal Place of Business 3993 S. ACCESS ROAD SUITE B ENGLEWOOD, FL 34224 US	Mailing Address 3993 S. ACCESS ROAD SUITE B ENGLEWOOD, FL 34224 US
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01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2698318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIDS, H. VERNON 165 W GREEN ST. ENGLEWOOD, FL 34223

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IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000392771 01/24/06-80087-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWAN, JOHN A. 106 BROADMOOR LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, MARY ANN. 106 BROADMOOR LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COWAN, JOHN A. 106 BROADMOOR LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, MARY ANN 106 BROADMOOR LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 807, 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: Mary Ann Cowan MARY ANN COWAN 1-14-06 941-474-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #