


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J39510**  
 1. Entity Name  
**STOWELL, ANTON & KRAEMER, P.A.**



Principal Place of Business: **211 E CALL ST TALLAHASSEE, FL 32301 US**  
 Mailing Address: **PO BOX 11059 TALLAHASSEE, FL 32302-3059 US**

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2728778** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STOWELL, DOUGLAS**  
**211 EAST CALL STREET**  
**TALLAHASSEE, FL 32302**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STOWELL, DOUGLAS L.
STREET ADDRESS	2213 ARMISTEAD ROAD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	DV
NAME	ANTON, GARY J.
STREET ADDRESS	6420 DANCER'S IMAGE TRL
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	STD
NAME	KRAEMER, MARY K.
STREET ADDRESS	145 INDIAN BAYOU DR
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 24/27/05-20045-025 150.00

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.

SIGNATURE: Douglas L. Stowell 1/20/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #