## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

ANNOAL REPORT							
DOCUMENT # J42414  1. Entity Name VOWELL'S DOWNTOWN, INC.							
Principal Place of Business 50 E GARDEN ST PENSACOLA, FL 32502	Mailing Address 50 E GARDEN ST PENSACOLA, FL 32502						



DO NOT WRITE IN THIS SPACE			04292005 No Chg-P CR2E034 (10/03)				
			JE 4. FEI Numi		nber		Applied For
				59-272	29022		Not Applicable
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	6. Name and Address of Current Regis	lered Agent		Per Str	::		
VOWELL, REX E 3865 POTOSI RD PENSACOLA, FL 32504		-		NOT W	RITE	Sar a	
		Printer Anna Carlos	IN .	THIS SP	ACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	i amplicable. (NOTE Bacistare	d Agent signature require	d when reinstating)		DATE	·
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FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		i.00 May Be ded to Fees	000000   05/02/05-	351342 80140-019	150.00
10.	OFFICERS AND DIREC	CTORS			ayya mada ayile e e e e e e e e e e e e e e e e e e	- <b>عبر بھی</b> ۔	2(1, 1, 1, T, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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NAME	VOWELL, MARY R			en de la colonia	d -14, 5	1 TANK	7.4. ·
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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:	Ren	E. 1/02	~ell	Rex	E. Vowel	1 4/29/0.	5 850-438
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #		

STREET ADDRESS CITY-ST-ZIP