

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90161 007 \*\*\*150.00

**DOCUMENT # K10609**

1. Entity Name

OWEN MOTORS, INC.



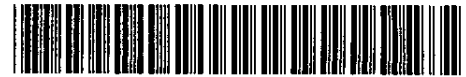
Principal Place of Business

2134 N WASHINGTON BLVD  
SARASOTA FL 34234  
US

Mailing Address

2134 N WASHINGTON BLVD  
SARASOTA FL 34234  
US

**54052744**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWEN, JANICE L  
4552 GLEBE FARM RD  
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name **JANICE L. OWEN**

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

**4552 GLEBE FARM RD.**

City **SARASOTA**

**FL**

Zip Code **34234**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 **D** ☐ Delete  
NAME **OWEN, DONALD W.**  
STREET ADDRESS **4303 11TH AVENUE EAST**  
CITY - ST - ZIP **BRADENTON FL 34208**

TITLE **DP** ☐ Delete  
NAME **OWEN, JANICE**  
STREET ADDRESS **4552 GLEBE FARM ROAD**  
CITY - ST - ZIP **SARASOTA FL 34235**

TITLE **DVP** ☐ Delete  
NAME **ELIA, PATRICK W.**  
STREET ADDRESS **1102 ELL WAY**  
CITY - ST - ZIP **SARASOTA FL 34243**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Janice Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-04**

**841-951-1707**