


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 044 ***150.00

DOCUMENT # K92998	
1. Entity Name COW SLOUGH, INC.	

Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
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40067081



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2952218	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMOAK, MASON G 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when re-statuting)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOAK, EDWARD L JR.			NAME			
STREET ADDRESS	1025 COUNTY ROAD 17 NO			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOAK, JOHN F III			NAME			
STREET ADDRESS	1025 COUNTY ROAD 17 N			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOAK, MASON G			NAME			
STREET ADDRESS	1025 COUNTY RD 17 NORTH			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EURES, LEIGH S.			NAME			
STREET ADDRESS	1025 COUNTY RD. 17 N.			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOAK, PHILIP L			NAME			
STREET ADDRESS	1025 COUNTY RD 17 N.			STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL 33852			CITY-ST-ZIP			
TITLE	AVPD	<input type="checkbox"/> Delete		TITLE	AVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOAK, SAMANTHA L			NAME	Samantha S. Price		
STREET ADDRESS	1025 CR 17 NORTH			STREET ADDRESS	1025 CR 17 North		
CITY-ST-ZIP	LAKE PLACID, FL 33852			CITY-ST-ZIP	Lake Placid, FL 33852		

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 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: <u>John SMOAK III</u>	Date: <u>4/14/08</u>	Daytime Phone: <u>813-465-2561</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		