2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90025 008 ***150.00

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1. Entity Name
OWENS-WILLIS, INC.

Principal Place of Business	Mailing Address
1203-B N.W. 16 AVE. GAINESVILLE, FL 32601	1203-B N.W. 16 AVE. GAINESVILLE, FL 32601

J40Z0545

02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2964974
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, STEVE
2408 NW 13 PLACE
GAINESVILLE, FL 32605

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	WILLIS, STEVE
STREET ADDRESS	~~7710 NW 40TH AVE~~ 2408 NW 13th Place
CITY-ST-ZIP	GAINESVILLE, FL 32606~~-~~ 32605 5144
TITLE	DST
NAME	WILLIS, MELINDA
STREET ADDRESS	~~7710 NW 40TH AVE~~ 2408 NW 13th Place
CITY-ST-ZIP	GAINESVILLE, FL 32606~~-~~ 32605-5144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Steve Willis 2-23-04 352-337-2888 ORIGINAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #