


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M63116	
1. Entity Name OWEN PLASTERING, INC.	

Principal Place of Business 3231 N.W. 95 STREET MIAMI FL 33147	Mailing Address 3231 N.W. 95 STREET MIAMI FL 33147
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0016058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIGOTT, OWEN 3231 N.W. 95 STREET MIAMI FL 33147	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIGOTT, OWEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3231 NW 95 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33147</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	PIGOTT, OWEN		STREET ADDRESS	3231 NW 95 STREET		CITY - ST - ZIP	MIAMI FL 33147		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U000000219809</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/08/05-80043-001</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>158.75</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U000000219809		STREET ADDRESS	02/08/05-80043-001		CITY - ST - ZIP	158.75	
TITLE	P	<input type="checkbox"/> Delete																							
NAME	PIGOTT, OWEN																								
STREET ADDRESS	3231 NW 95 STREET																								
CITY - ST - ZIP	MIAMI FL 33147																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	U000000219809																								
STREET ADDRESS	02/08/05-80043-001																								
CITY - ST - ZIP	158.75																								

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: *Owen Piggott* **2-2-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #