

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005694

FILED
Mar 21, 2006
Secretary of State

Entity Name: OWENS ENTERPRISES, INCORPORATED

Current Principal Place of Business:

1019 SW COUNTY RD. 661
ARCADIA, FL 342668297

New Principal Place of Business:

Current Mailing Address:

1019 SW COUNTY RD 661
ARCADIA, FL 342668297

New Mailing Address:

FEI Number: 59-3657414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRITTON, CHARLES P
C/O WENDEL, CHRITTON, PARKS & DEBARI, CHAT
5300 S. FLORIDA AVE.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

CHRITTON, CHARLES P
C/O WENDEL & CHRITTON
225 EAST LEMON SUITE 351
LAKELAND, FL 33801 US

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.

SIGNATURE:

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: JOHNSON, GWENDOLYN G
Address: 1019 SW COUNTY RD 661
City-St-Zip: ARCADIA, FL 342668297

Title: VP () Delete
Name: JOHNSON, RICHARD W
Address: 404 PALMOLA STREET
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: JOHNSON, GWENDOLYN G
Address: 1019 SW COUNTY RD 661
City-St-Zip: ARCADIA, FL 342668297

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: JOHNSON, GWENDOLYN G
Address: 1019 SW COUNTY RD 661
City-St-Zip: ARCADIA, FL 342668297

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: JOHNSON, KAREN A
Address: 404 PALMOLA ST
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN G JOHNSON

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date