

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022308

FILED
Jul 01, 2004
Secretary of State

Entity Name: THE LAW OFFICES OF KARLA S. OWENS, P.A.

Current Principal Place of Business:

38108 MERIDIAN AVENUE
DADE CITY, FL 33525

New Principal Place of Business:

16520 BELLAMY BROS. BLVD.
DADE CITY, FL 33523

Current Mailing Address:

38108 MERIDIAN AVENUE
DADE CITY, FL 33525

New Mailing Address:

16520 BELLAMY BROS. BLVD.
DADE CITY, FL 33523

FEI Number: 59-3633763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, KARLA S
38108 MERIDIAN AVENUE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

OWENS, KARLA S
16520 BELLAMY BROS. BLVD.
DADE CITY, FL 33523 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: _____

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWENS, KARLA S
Address: 38108 MERIDIAN AVENUE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: OWENS, RICKEY W SR
Address: 16520 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OWENS, KARLA S
Address: 16520 BELLAMY BROS. BLVD.
City-St-Zip: DADE CITY, FL 33523

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARLA S. OWENS

D

07/01/2004

Electronic Signature of Signing Officer or Director

Date