

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90042 030 \*\*\*150.00

**DOCUMENT # P00000036001**

1. Entity Name

DOWFANG, INC.



Principal Place of Business

1208 N PARSONS AVENUE  
BRANDON FL 33510

Mailing Address

1208 N PASSIONS AVENUE  
BRANDON FL 33510

2. Principal Place of Business

3. Mailing Address

1208 N. PARSONS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRANDON FL

City & State

City & State

Zip

Country

Zip

33510

Country

USA

4. FEI Number 59-3637593

Applied For

Not Applicable

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



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TRAWICK, WILLIAM M  
STREET ADDRESS 1704 QUAILS NEST DR #301  
CITY-ST-ZIP BRANDON FL 33510

TITLE ☒ Change ☐ Addition  
NAME TRAWICK, WILLIAM M  
STREET ADDRESS 1208 N. PARSONS AVE  
CITY-ST-ZIP BRANDON, FL 33510

TITLE VP ☐ Delete  
NAME TRAWICK, MAREE  
STREET ADDRESS 1208 N PARSONS AVE  
CITY-ST-ZIP BRANDON FL 33510

TITLE ☒ Change ☐ Addition  
NAME TRAWICK, MAREE  
STREET ADDRESS 1208 N. PARSONS AVE  
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-04

813-657-9675