TITLE NAME STREET ADDRESS CITY-ST-ZIP

## **2004 FOR PROFIT CORPORATION**

**FILED** M

ANNUAL REPORT				Feb 12, 2004 08:00 A			
DOCUMENT # P0000087373  1. Entity Name DOWCO ONE OF FLORIDA, INC.						ary of Sta	
Principal Place 105 BEACH SUITE B-3 FT WALTON	DR F	illingAddress PO BOX 4001 HALIMAR, FL 32579					
	O NOT WRITE II	N THIS SPA	<b>DE</b>		Chg-P CR	2E034 (10/03)  Applied  Not Appl	For
	The section will	THE WAS THE PROPERTY OF THE PR	The second secon	5. Certificate of State	us Desired	\$8.75 Additional Fee Required	ı
	6. Name and Address of Current Regis	tered Agent			ye remarks a section of the section	· · · · · · · · · · · · · · · · · · ·	**************************************
DOWDEN, MIDDLETON L 105 BEACH DR SUITE B-3 FT WALTON BEACH, FL 32547					OT WRIT		
	named entity submits this statement for the purions of registered agent.		fice or registered agr	· -		m familier with, and acce	pt
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance TrustFund Contribution.				00 May Be od to Fees			
10.	OFFICERS AND DIREC	TORS	Address of the same				
TITLE NAME STREET ADDRESS CITY-ST-ZP	D DOWDEN, MIDDLETON L 105 BEACH DR FT WALTON BEACH, FL 32547			20		685 50-017 150.0	)O' ''
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				The second secon	**************************************		

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an
changed, or on an attachment with an address, with all other like empowered.

i), Florida Statutes, I further certify that the information if made under oath, that I am an officer or director of that my name appears in Block 10 or Block 11 if

NG OFFICER OR DIRECTOR

1-31-04 850-863-2488

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