2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000105510

1. Entity Name
OWL MARKETING & MANAGEMENT CORP.

Principal Place of Business	Mailing Address
3770 CANDIA DR	3770 CANDIA DR
PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

03122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3682625	Not Applicable

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

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000088092
03/15/04-80038-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOUTH, JOHN J
STREET ADDRESS	3770 CANDIA DR
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____   3-12-04   941-505-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #