

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90032 008 ***150.00

DOCUMENT # P01000016712					
1. Entity Name OWENS & OWENS PUBLISHING, INC.					
Principal Place of Business 4289 BLUERIDGE ST NORTH PORT, FL 34287			Mailing Address 4289 BLUERIDGE ST NORTH PORT, FL 34287		
2. Principal Place of Business <i>112 W. Hillsborough Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>112 W. Hillsborough Blvd.</i> Suite, Apt. #, etc.			
City & State <i>North Port FL</i>		City & State <i>North Port FL</i>		4. FEI Number 65-1078211	
Zip <i>34288</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, H KELLY 5013 POCATELLA AVE NORTH PORT, FL 34287			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, H KELLY 5013 POCATELLA AVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>112 W. Hillsborough Blvd.</i> <i>North Port FL 34288</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, SUSAN W 5013 POCATELLA AVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>112 W Hillsborough Blvd</i> <i>North Port FL 34288</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, H KELLY JR 2622 TRINIDAD STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>112 W Hillsborough Blvd.</i> <i>North Port FL 34288</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE 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: <i>H. Kelly Owens</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/21/05 941 4238073 Date Daytime Phone		

H. Kelly Owens