


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 038 ***158.75

DOCUMENT # P01000075550	
1. Entity Name ROWLEY, INC.	

Principal Place of Business 1335A NW ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 <i>S-178</i>	Mailing Address 1335A NW ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 <i>S-178</i>
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04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1135895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PINKNEY, PADRICK A ESQ.
145 NW CENTRAL PARK PLAZA
SUITE 200
PORT ST. LUCIE, FL 34986**

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLEY, JANE 1335A NW ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 <i>906 S.W. S-178</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLEY, EUGENE 1335A NW ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986 <i>906 S.W. S-178</i>
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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: *Jane Rowley* **Jane Rowley** *4/19/04* **MA 201-0129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #