2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000075733

1. Entity Name
J.P. OWENS ENTERPRISES, INC.

Principal Place of Business
231 SHELINE DR., LAKE YVETTE WEST
HAVANA, FL

Mailing Address
231 SHELINE DR., LAKE YVETTE WEST
HAVANA, FL

DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3735828
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, JAMES T
231 SHELINE DR., LAKE YVETTE WEST
HAVANA, FL

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 ____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	OWENS, JAMES T
STREET ADDRESS	231 SHELINE DR., LAKE YVETTE WEST
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VS
NAME	OWENS, PENNEY H
STREET ADDRESS	231 SHELINE DR., LAKE YVETTE WEST
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80018-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 4-17-06 850-574-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #