

FILED
Mar 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000098610		
1. Entity Name G.F. DOWD AND SONS, INC.		
Principal Place of Business 5820 STATE RD 542 W WINTER HAVEN, FL 33880		Mailing Address 5820 STATE RD 542 W WINTER HAVEN, FL 33880
DO NOT WRITE IN THIS SPACE		
		02242005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1417342		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DOWD, WILLIAM H 8520 OLD LAKELAND RD WINTER HAVEN, FL 33880		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWD, WILLIAM H 28 OAKWOOD RD WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWN, BILLY R 201 W MAIN ST DUNDEE, FL 33838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>William H. Dowd - William H. Dowd</u> 2-25-05/83-9675259		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		