

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 030 ***158.75

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



2. Principal Place of Business - No P.O. Box #

G.F. Dowd AND Sons Inc

Suite, Apt. #, etc.
26 Oakwood Rd

City & State
Winter Haven FL

Zip
33880

3. Mailing Address

G.F. Dowd + Sons Inc

Suite, Apt. #, etc.
26 Oakwood Rd

City & State
Winter Haven FL

Zip
33880

1st MOORE

CR2E034 (10/07)

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
26 OAKWOOD RD
WINTER HAVEN FL 33880

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DOWD, WILLIAM H
STREET ADDRESS
26 OAKWOOD RD
CITY-ST-ZIP
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
D DOWN, BILLY R
STREET ADDRESS
201 W MAIN ST
CITY-ST-ZIP
DUNDEE FL 33838 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William H. Dowd

William H. Dowd 3-5-08

863-967-5812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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