

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000104050

1. Entity Name
FOWLER CENTER, INC.



Principal Place of Business
8925 DORCHESTER ST
FT MYERS, FL 33907

Mailing Address
8925 DORCHESTER ST
FT MYERS, FL 33907

FILED
Jul 05, 2005 08:00 AM
Secretary of State



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1148819
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELLOR, JOHN F
8925 DORCHESTER ST
FT MYERS, FL 33907

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELLOR, WILLIAM H
STREET ADDRESS	5829 RIVERSIDE LN
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	VD
NAME	MELLOR, PATRICIA H
STREET ADDRESS	5829 RIVERSIDE LN
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	ST
NAME	MELLOR, JOHN F
STREET ADDRESS	8925 DORCHESTER STREET
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000370739
07/05/05-80028-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

239)2810949