

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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**



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1148819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**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

U00000630555  
02/20/07-80012-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** John F. Mellor John F. Mellor 2/9/07 239)281 0949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #