


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90068 040 \*\*\*158.75

<b>DOCUMENT # P02000004015</b> 1. Entity Name <b>THE OWENSBY GROUP, INC.</b>					
Principal Place of Business <b>10241 SECRET HARBOR COURT JACKSONVILLE, FL 32257</b>			Mailing Address <b>10241 SECRET HARBOR COURT JACKSONVILLE, FL 32257</b>		
<i>Address Change</i>					
2. Principal Place of Business <b>2001 CORNELL PLACE</b> Suite, Apt. #, etc.			3. Mailing Address <b>2001 CORNELL PLACE</b> Suite, Apt. #, etc.		
City & State <b>PORT ORANGE</b>		City & State <b>PORT ORANGE</b>		4. FEI Number <b>80-0005454</b>	
Zip <b>32128-6822</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OWENSBY, DAVID B</b> <del><b>10241 SECRET HARBOR COURT</b></del> <del><b>JACKSONVILLE, FL 32257</b></del>				7. Name and Address of New Registered Agent  --Name--  Street Address (P.O. Box Number is Not Acceptable)  <b>2001 Cornell Place</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32128-6822</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENSBY, DAVID B <del>10241 SECRET HARBOR COURT</del> <del>JACKSONVILLE, FL 32257</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENSBY, DAVID 2001 CORNELL PLACE PORT ORANGE, FL 32128-6822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD OWENSBY, CHARLENE H <del>10241 SECRET HARBOR COURT</del> <del>JACKSONVILLE, FL 32257</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVPD OWENSBY, DAVID 2001 CORNELL PLACE PORT ORANGE, FL 32128-6822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Charlene Owensby</i> <b>Charlene Owensby</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>386-760-4544</b> <small>Daytime Phone #</small>		