


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000004015

1. Entity Name
THE OWENSBY GROUP, INC.



Principal Place of Business Mailing Address

2001 CORNELL PLACE 2001 CORNELL PLACE
PORT ORANGE, FL 32128-6822 PORT ORANGE, FL 32128-6822

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FCI Number 80-0005454	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**OWENSBY, DAVID B
2001 CORNELL PALCE
PORT ORANGE, FL 32128-6822**

**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, 2006 Fee will be \$550.00**

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

U00000472286
03/29/06-80029-009 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO OWENSBY, DAVID B 2001 CORNELL PALCE PORT ORANGE, FL 321286822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVO OWENSBY, CHARLENE H 2001 CORNELL PLACE PORT ORANGE, FL 321286822
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Charlene Owensby 3-15-06 386-760-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #