

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91052 031 ***150.00

DOCUMENT # P02000076566

1. Entity Name
COWEN INDUSTRIES, INC.



Principal Place of Business
**475 CARICA ROAD
NAPLES, FL 34108**

Mailing Address
**% EDWARD M. LIVINGSTON, ESQ.
963 TRAIL TERRACE DR.
NAPLES, FL 34103**

14008970



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
475 Carica Road
Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State
Naples, FL

4. FEI Number
90-0045190

Applied For
☐ Not Applicable

Zip
34108

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIVINGSTON, EDWARD M
963 TRAIL TERRACE DR
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
John Cowen

Street Address (P.O. Box Number is Not Acceptable)
475 Carica Road

City
Naples

FL Zip Code
34108

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 *John Cowen*

4-11-04

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COWEN, JOHN R		NAME		
STREET ADDRESS	475 CARICA ROAD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COWEN, MARTHA A		NAME		
STREET ADDRESS	475 CARICA RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: *John Cowen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04 239-597-4138

Date

Daytime Phone #