


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000076566 1. Entity Name COWEN INDUSTRIES, INC.	
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Principal Place of Business 475 CARICA ROAD NAPLES, FL 34108	Mailing Address 475 CARICA ROAD NAPLES, FL 34108
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0045190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COWEN, JOHN 475 CARICA ROAD NAPLES, FL 34108
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**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 JOHN R. COWEN, PRESIDENT John R Cowen 4-26-05
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COWEN, JOHN R 475 CARICA ROAD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COWEN, MARTHA A 475 CARICA RD NAPLES, FL 34108
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IN THIS SPACE**

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04/29/05-80066-020 150.00

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: JOHN R. COWEN, PRESIDENT John R Cowen 4-26-05 239-597-4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #