

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90020 039 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000129237	
1. Entity Name C.O.W.B. INC.	

Principal Place of Business 8266 PINTO DRIVE LAKE WORTH, FL 33467	Mailing Address 8266 PINTO DRIVE LAKE WORTH, FL 33467
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14018912



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0139091	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

B. Name and Address of Current Registered Agent

MODAS, DANIEL A
 1216 SE 2NS AVE #202
 FT LAUDERDALE, FL 33335

**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 _____

(Print Name of Agent and Signatory)

(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	DP
NAME	FULCHER, ANDREA
STREET ADDRESS	8266 PINTO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DV
NAME	FULCHER, RICHARD
STREET ADDRESS	8266 PINTO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(a) 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 "C" or Block "D" if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05

Daytime Phone #

ATTACHMENT 14018912

☒ Track Your Expenses <table border="0"> <tr> <td>☐ Automobile</td> <td>☐ Education</td> <td>☐ Medical/Dental</td> </tr> <tr> <td>☐ Business</td> <td>☐ Entertainment</td> <td>☐ Savings</td> </tr> <tr> <td>☐ Charities</td> <td>☐ Food</td> <td>☐ Taxes</td> </tr> <tr> <td>☐ Clothing</td> <td>☐ Home</td> <td>☐ Utilities</td> </tr> <tr> <td>☐ Child Day Care</td> <td>☐ Insurance</td> <td>☐ Other</td> </tr> </table>	☐ Automobile	☐ Education	☐ Medical/Dental	☐ Business	☐ Entertainment	☐ Savings	☐ Charities	☐ Food	☐ Taxes	☐ Clothing	☐ Home	☐ Utilities	☐ Child Day Care	☐ Insurance	☐ Other	CHECK HERE IF TAX DEDUCTIBLE ITEM ☐ # P020001292375197 2-18-05 FLORIDA Dept of State One Hundred and Fifty Call to Reorder 1-800-204-2244 MEMO P02000129237
☐ Automobile	☐ Education	☐ Medical/Dental														
☐ Business	☐ Entertainment	☐ Savings														
☐ Charities	☐ Food	☐ Taxes														
☐ Clothing	☐ Home	☐ Utilities														
☐ Child Day Care	☐ Insurance	☐ Other														

BALANCE	150.00
DEPOSIT	88.00
NEW	

Enclosed please find file copy document-
ing submission of annual report
for 2005 for our for profit corporation.

This document was sent on 2-18-05
with the above check. Apparently
the document was lost as the
check has NOT yet cleared the bank.

Please accept the reissued check
for \$100.00 (# 1079) along with
the photocopy of the original
2005 for profit corporation annual
report. Please feel free to contact
COWS, INC @ 861-601-1204

Thank You

A. Fulu
President