


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P03000062174 1. Entity Name D&D OWEN PROPERTIES, INC.	
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Principal Place of Business 1555 KINGSLEY AVE #504 ORANGE PARK, FL 32073	Mailing Address 1555 KINGSLEY AVE #504 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4254084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OWEN, K. DIANTHA
297 CROOKEDRIDGE CT.
ORANGE PARK, FL 32065

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000247145 03/01/05-80013-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD OWEN, DAVID T 297 CROOKEDRIDGE CT ORANGE PARK, FL 320655706
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPD OWEN, K. DIANTHA 297 CROOKEDRIDGE CT ORANGE PARK, FL 320655706
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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(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: David T. Owen **DAVID T. OWEN** **2/20/2005** **904-269-4056**

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