

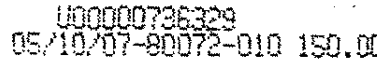


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000062174		
1. Entity Name D&D OWEN PROPERTIES, INC.		
Principal Place of Business 1555 KINGSLEY AVE #504 ORANGE PARK, FL 32073	Mailing Address 1555 KINGSLEY AVE #504 ORANGE PARK, FL 32073	
DO NOT WRITE IN THIS SPACE		
		 04212007 No Chg-P CR2E034 (11/05)
		4. FEI Number 13-4254084 <input type="checkbox"/> 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		
OWEN, K. DIANTHA 297 CROOKEDRIDGE CT. ORANGE PARK, FL 32085		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWEN, DAVID T 297 CROOKEDRIDGE CT ORANGE PARK, FL 320655706	 U000000736329 05/10/07-80072-010 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD OWEN, K. DIANTHA 297 CROOKEDRIDGE CT ORANGE PARK, FL 320655706	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>K. Dianta Owen</u> <u>K. DIANTHA OWEN</u> <u>4/24/07</u> <u>904-269-4056</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		