

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084571

Entity Name: OWL, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

4896 CASTLEGATE CT.
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

2512 TUSCAN OAKS LANE
JACKSONVILLE, FL 32223 US

Current Mailing Address:

4896 CASTLEGATE CT.
JACKSONVILLE, FL 32256 US

New Mailing Address:

2512 TUSCAN OAKS LANE
JACKSONVILLE, FL 32223 US

FEI Number: 80-0080840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, LASTER B SR.
4896 CASTLEGATE CT.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WALKER, LASTER B SR.
2512 TUSCAN OAKS LANE
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: LASTER B WALKER

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: WALKER, LASTER B SR.
Address: 4896 CASTLEGATE CT.
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: WALKER, LASTER B SR.
Address: 2512 TUSCAN OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASTER B WALKER

P/S

03/24/2009

Electronic Signature of Signing Officer or Director

Date