


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90395 013 ***150.00

DOCUMENT # P03000088388	
1. Entity Name JESSE C FOWLER, INC.	

Principal Place of Business 3596 S CLARCONA RD APOPKA, FL 32703	Mailing Address 3596 S CLARCONA RD APOPKA, FL 32703
---	---

2. Principal Place of Business 460 LAKEBRIDGE LN #	3. Mailing Address 460 LAKEBRIDGE LN
Suite, Apt. #, etc. BLDG 460 APT 1117	Suite, Apt. #, etc. BLDG 460 APT 1117
City & State APOPKA FL	City & State APOPKA FL
Zip 32703	Country ORANGE

17091600



04132004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2120630	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

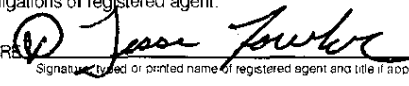
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent FOWLER, JESSE C 3596 S CLARCONA RD APOPKA, FL 32703	
---	--

7. Name and Address of New Registered Agent	
---	--

Name JESSE C FOWLER	
Street Address (P.O. Box Number is Not Acceptable) 460 LAKEBRIDGE LN	
City APOPKA	FL
	Zip Code 32703

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: 	DATE: 4-28-04
---	----------------------

NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, JESSE C 3596 S CLARCONA RD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 4-28-04	Daytime Phone #
--	----------------------	-----------------