² 2004 FOR PROFIT CORPORATION

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

ANNUAL REPURI								Secretary of State					
DOCUMENT # P03000088388 1. Entity Name JESSE C FOWLER, INC.								04-30-2004 90395 013 ***150.00					
Principal Plac		·		330	AIVOO								
3596 S CLAF APOPKA, FL	RCONA RD		3596	Mailing Address 3596 S CLARCONA RD APOPKA, FL 32703									
2. Principal F			Mailing Address			-							
Suite, Apt. #, etc. Block YW NOT 1117				Suite, Apt. #, etc. BLO 460 POT 1117 City & State				04132004	Chg-P		034 (10/03)		
City & Stat		FL	City	& State Poplar	PL			4. FEI Numbe	2/206	30	No	plied For t Applicable	
327	7 <i>0</i> >	Country ORAPS e and Address of Curr	ent Begistere	703 d Agent	Coun	nage		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name													
FOWLER, JESSE C 3596 S CLARCONA RD APOPKA, FL 32703								D. Box Number	er is Not Acceptable))			
AFOFIA,	City B20	19	460	1.07	- //	17							
				_		ADD	n L			FL	Zip Code	703	
		ity submits this stateme	nt for the purpo	ose of changing	its register	ed office or reg	jisterec	l agent, or bot	h, in the State of Flo	rida. Lam	familiar with,	and accept	
the obligat	tions of regis	stered agent.	./ .						, ,		15 W		
SIGNATURA	Signature type	d or printed name of registered s	mont and title if non	icobla (A)	IOTE: Bagistara	d Agent signature rec	coursed wh	on reionistens)		-> 6-4			
· · · · · ·	Signature 1986	e or partied frame of legislesed a	gent and title it app	ilicable. (N		Agent signature let	quilet #	To Tellistating/		DATE			
		! FEE IS \$150.00)4 Fee will be \$5	I	9. Election Cam Trust Fund Co			\$5.0 Added	O May Be to Fees					
10.		OFFICERS A	AND DIRECTOR	RS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	501010					E					Change	☐ Addition	
NAME STREET ADDRESS	1	R, JESSE C CLARCONA RD		NAME STREE									
CITY-ST-ZIP	1	, FL 32703			-ST-ZIP								
TITLE			<u>-</u>	☐ Delete	тпи	E					☐ Change	Addition	
NAME	1				NAM	1						·	
STREET ADDRESS CITY-ST-ZIP	1				- 1	ET ADDRESS - ST - ZIP							
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STREET ADDRESS CITY-S1-ZIP					1	ET ADDRESS -ST-ZIP							
TITLE	<u> </u>	<u></u>			TITL					···	☐ Change	Addition	
NAME				□ Delete	NAM	ľ					Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	<u> </u>					-ST-ZIP					D 05	— *******	
TITLE NAME				☐ Delete	TITL NAM						☐ Change	Addition	
STREET ADDRESS					STR	ET ADDRESS							
CITY-ST-ZIP						-ST - ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP	<u>L</u>					- ST - ZIP							
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.													
SIGNAT	TURE: '	Q - LAN	Four	we				4	1-2504				
	· -	SIGNATURE AND TYPE	OR PRINTED NAM	IE OP SICHING OFFIC	ER OR DIREC	TOR			Date		Daytime Phone #		