

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000115045**

1. Entity Name  
DOYLE OWENS CONSTRUCTION, INC.



Principal Place of Business  
6590 FISHERMANS LANE  
LAUREL HILL, FL 32567

Mailing Address  
6590 FISHERMANS LANE  
LAUREL HILL, FL 32567

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
87-0711488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

OWENS, DOYLE  
6590 FISHERMANS LANE  
LAUREL HILL, FL 32567

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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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	OWENS, DOYLE
STREET ADDRESS	6590 FISHERMANS LANE
CITY - ST - ZIP	LAUREL HILL, FL 32567

TITLE	VP
NAME	OWENS, WILLIAM E
STREET ADDRESS	6597 FISHERMANS LANE
CITY - ST - ZIP	LAUREL HILL, FL 32567

TITLE	D
NAME	SPEARS, PAUL
STREET ADDRESS	5841 G.I. TRAIL
CITY - ST - ZIP	CRESTVIEW, FL 32539

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/19/05-80044-023 150.00

**DO NOT WRITE  
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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doyle Owens  
President

MAR 14 05

Date

Daytime Phone #