

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 15, 2006  
Secretary of State**

DOCUMENT# P03000127136

Entity Name: GARY OWENS & SONS, INC.

**Current Principal Place of Business:**

201 NAYLOR DRIVE  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

201 NAYLOR DRIVE  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 51-0489059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWENS, GARRELL P  
201 NAYLOR DRIVE  
WEST MELBOURNE, FL 32904      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OWENS, GARRELL P  
Address: 201 NAYLOR DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP ( ) Delete  
Name: OWENS, ROBERT VP  
Address: 201 NAYLOR DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: S ( ) Delete  
Name: DICKIE, RYAN S  
Address: 201 NAYLOR DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JANSSEN, AARON  
Address: 201 NAYLOR DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: GARRELL P OWENS

P

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date