


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000130288
 1. Entity Name
MOWERY ACHIEVEMENT GROUP, INC.



Principal Place of Business Mailing Address
 4960 NEWBERRY ROAD 4960 NEWBERRY ROAD
 SUITE 220 SUITE 220
 GAINESVILLE FL 32607 GAINESVILLE FL 32607



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State

4. FEI Number 20-0339514 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MOWERY, ARTHUR J JR.
4960 NEWBERRY ROAD
SUITE 220
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent
 Name
 Street Address (P. O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	D/P	<input type="checkbox"/> Delete
NAME	MOWERY, ARTHUR J JR.	
STREET ADDRESS	4960 NEWBERRY ROAD, #220	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOWERY, KIMBERLY	
STREET ADDRESS	4960 NEWBERRY ROAD, #220	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000375986	
CITY-ST-ZIP	08/08/05-80010-011 550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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.

SIGNATURE: *Kimberly Mowery* **Kimberly Mowery** 8/4/05 (352) 332 6725
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #