

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135231

FILED
Nov 01, 2004
Secretary of State

Entity Name: OWENS GROVE REALTY, INC.

Current Principal Place of Business:

16400 SW FARMS RD
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

16400 SW FARMS RD
INDIANTOWN, FL 34956

New Mailing Address:

P.O. BOX 306
INDIANTOWN, FL 34956

FEI Number: 20-0400896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEEHAN, RICHARD C
825 S U S HWY ONE STE 240
JUPITER, FL 33477 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEEHAN, RICHARD C
Address: 825 S U S HWY ONE STE 240
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: POWERS, DAVID
Address: 16400 SW FARMS RD
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: POWERS, KEVIN
Address: 16400 SW FARMS RD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: POWERS, DAVID
Address: 1494 SW LOCKS ROAD
City-St-Zip: STUART, FL 34997

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID R POWERS

D

11/01/2004

Electronic Signature of Signing Officer or Director

Date