

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90221 029 \*\*\*150.00

**DOCUMENT # P03000153708**

1. Entity Name  
**OWENS FINANCIAL GROUP, INC.**



Principal Place of Business  
**1704 METROPOLITAN BLVD SUITE 4  
TALLAHASSEE, FL 32308**

Mailing Address  
**1704 METROPOLITAN BLVD SUITE 4  
TALLAHASSEE, FL 32308**

**50019922**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-0498344**

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

7. Name and Address of New Registered Agent

**OWENS, JR., CHARLES  
1319 N LEHIGH DR  
TALLAHASSEE, FL 32301**

Name  
**OWENS, JR., CHARLES**

Street Address (P.O. Box Number is Not Acceptable)

**1704 METROPOLITAN BLVD SUITE 4**

City  
**TALLAHASSEE**

**FL**

Zip Code  
**32308**

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

*Charles L. Owens, Jr., President*  
Signature, typed or printed name of registered agent and title (Indicate if Agent signature required when reinstating)

**2/22/05**  
Date

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
OWENS, JR., CHARLES L  
1319 N. LEHIGH DR  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
OWENS, JR., CHARLES L  
1319 N. LEHIGH DR  
TALLAHASSEE, FL 32308**

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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

*Charles L. Owens, Jr., President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date (Phone #)

**2/22/05**