

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153836

Entity Name: DOUGLAS N. FOWLER, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

239 TANGLE WILDE DR  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 20-0482963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLEY GOLDBERG LEACH & COHN PL  
475 MONTGOMERY PL  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

KGLC  
475 MONTGOMERY PL  
ALTAMONTE SPRINGS, FL 32714 US

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: STEPHEN COHN

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: FOWLER, DOUGLAS N  
Address: 239 TANGLE WILDE DR  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS FOWLER

PSTD

04/24/2009

Electronic Signature of Signing Officer or Director

Date