

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90317 027 \*\*\*150.00

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1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P03000155871</b> 1. Entity Name <b>OWEN'S CONTRACTING COMPANY, INCORPORATED</b>					
Principal Place of Business <b>540 VILLA GRANDE AVE. SO. ST. PETERSBURG FL 33707-2001 US</b>			Mailing Address <b>540 VILLA GRANDE AVE. SO. ST. PETERSBURG FL 33707-2001 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>55-0855129</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORSON, OWEN P 540 VILLA GRANDE AVE. SO. ST. PETERSBURG FL 33707-2001</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <small>(NOTE: Registered Agent signature required when nominating)</small>			DATE <b>3/25/06</b>		
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CORSON, OWEN P 540 VILLA GRANDE AVE SO. ST. PETERSBURG FL 33707-2001</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/18/06</b> Daytime Phone # <b>727-455-9522</b>		