


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90087 019 ***150.00

DOCUMENT # P04000006729	
1. Entity Name MICHELLE OWENS, INC.	

Principal Place of Business 8816 DANIA DRIVE PALM BEACH GARDENS, FL 33410	Mailing Address 8816 DANIA DRIVE PALM BEACH GARDENS, FL 33410
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50005382

2. Principal Place of Business 3 1611 Venus Ave	3. Mailing Address 3 1611 Venus Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jupiter, FL	City & State Jupiter, FL
Zip 33469	Country USA



01102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0579805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OWENS, MICHELLE 8816 DANIA DRIVE PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name Michelle K Owens Street Address (P.O. Box Number is Not Acceptable) 1611 Venus Ave City Jupiter FL Zip Code 33469	
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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 Michelle K Owens	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, MICHELLE 8816 DANIA DRIVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle Owens 1611 Venus Avenue Jupiter, FL 33469 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michelle K Owens	Date 1/15/05 Daytime Phone # 561-748-3051