


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 028 ***150.00

DOCUMENT # P04000009260

1. Entity Name
 RICHARD OWENS WOODWORKING, INC.



Principal Place of Business Mailing Address
 119 LINDEN ROAD 119 LINDEN ROAD
 ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086

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

City & State City & State

Zip Country Zip Country




05192005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 73-1691142 Not Applicable

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, RICHARD 119 LINDEN ROAD ST. AUGUSTINE, FL 32086	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. DIR/VP. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D/PRES. <input type="checkbox"/> Delete	OWENS, RICHARD	TITLE MICHAEL TRUNK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	119 LINDEN ROAD
NAME	119 LINDEN ROAD	STREET ADDRESS	ST. AUGUSTINE, FL. 32086
STREET ADDRESS	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	
CITY-ST-ZIP		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  RICHARD OWENS 5-19-05 904-669-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #