


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 027 ***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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

06272007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number
73-1691142 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
OWENS, RICHARD
119 LINDEN ROAD
ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent
 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 14, 2007

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OWENS, RICHARD 119 LINDEN ROAD ST. AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THOMAS J. BURRIER 119 LINDEN ROAD ST. AUGUSTINE, FL. 32086 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 Chapter 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: *Richard Owens* *Richard Owens* **6-27-07** **904-669-0540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40122424

FLORIDA DIVISION OF CORPS.

ANNUAL REPORTS


TO WHOM IT MAY CONCERN,

P04000009260

WE SENT IN OUR ANNUAL REPORT IN APRIL 2007, BUT OUR CHECK
WAS NOT CASHED, SO WHEN I CALLED IN YESTERDAY, THEY SAID TO RESUBMIT.

ENCLOSED IS MY CHECK FOR \$150.00 AND NEW ANNUAL REPORT.

THANKS IN ADVANCE,

 6-27-07

RICHARD OWENS