

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000013023

FILED
Jul 28, 2005
Secretary of State**Entity Name:** OWENS CONSTRUCTION BY HERBERT OWENS INC.**Current Principal Place of Business:**9731 TOM FOLSOM ROAD
THONOTOSASSA, FL 33592**New Principal Place of Business:****Current Mailing Address:**9731 TOM FOLSOM ROAD
THONOTOSASSA, FL 33592**New Mailing Address:****FEI Number:** 68-0576016**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OWENS, KAREN
9731 TOM FOLSOM ROAD
THONOTOSASSA, FL 33592 US**Name and Address of New Registered Agent:**OWENS, HERBERT
9731 TOM FOLSOM ROAD
THONOTOSASSA, FL 33592 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: HERBERT OWENS

07/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** OFFI () Delete
Name: OWENS, KAREN
Address: 9731 TOM FOLSOM ROAD
City-St-Zip: THONOTOSASSA, FL 33592 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** OFFI (X) Change () Addition
Name: OWENS, KAREN M
Address: 9731 TOM FOLSOM ROAD
City-St-Zip: THONOTOSASSA, FL 33592 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN M. OWENS

OFFI

07/28/2005

Electronic Signature of Signing Officer or Director

Date