## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000066409

Entity Name: OWENS STRATEGY GROUP, INC

FILED Jul 01, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3655 BONITA BEACH ROAD 3655 BONITA BEACH ROAD

SUITE #1

BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134

**Current Mailing Address:** New Mailing Address:

3655 BONITA BEACH ROAD 3655 BONITA BEACH ROAD SUITE #1

BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134

FEI Number: 20-1029690 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, DAVID G 3655 BONITA BEACH ROAD #1

3655 BONITA BEACH ROAD BONITA SPRINGS, FL 34134 SUITE #1 US

BONITA SPRINGS, FL 34134 US

OWENS, DAVID G

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: DAVID G OWENS 07/01/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: () Delete Title: PRFS (X) Change ( ) Addition

OWENS, DAVID G Name: Name: OWENS, DAVID G 3655 BONITA BEACH ROAD #1 3655 BONITA BEACH ROAD #1 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: OWENS, SUSAN S

Address: 3655 BONITA BEACH ROAD #1 Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

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: DAVID G OWENS **PRES** 07/01/2005