03/28/2005 12:07 8634284366 FL OWNERS DIRE

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Jun 23, 2005 8:00 am
Secretary of State
05-02-2005 90519 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000074805

1. Entity Name
FLORIDA OWNERS DIRECT, INC.

66023699

Principal Place of Business	Mailing Address
505 AVENUE A. NW SUITE 102 WINTER HAVEN, FL 33881 US	505 AVENUE A. NW SUITE 102 WINTER HAVEN, FL 33881 US

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
220 SUNSET		P.O. BOX 82	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVENPORT, FL		City & State: LOUGHMAN, FL	
Zip	Country: US.	Zip: 33858	Country: US

4. FEI Number 20171l645 ☐ Applied For ☐ 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
GOVONI, HARDING & ASSOCIATES, INC. 505 AVENUE A. NW SUITE 102 WINTER HAVEN, FL 33881	Name: JORGE BARRAGAN Street Address (P.O. Box Number is Not Acceptable): 220 SUNSET COURT City: DAVENPORT, FL Zip Code: 33837

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: [signature] 4/25/05
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, ELIZABETH THE OLD BAKERY GOLDEN SQUARE PETWORTH, SUSSEX, UK GU28 00?	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JORGE BARRAGAN 220 SUNSET COURT DAVENPORT, FL 33837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #