


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90007 033 \*\*\*150.00

<b>DOCUMENT # P04000107187</b>	
1. Entity Name <b>MOWEN OWEN LANDSCAPING, INC.</b>	

Principal Place of Business <b>2216 EL DE ORO DRIVE CLEARWATER, FL 33764</b>	Mailing Address <b>2216 EL DE ORO DRIVE CLEARWATER, FL 33764</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04242007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1480176</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
OWEN, GARY <del>1434 NURSERY ROAD</del> <del>CLEARWATER, FL 33756</del>		Name <i>Gary Owen</i>
<i>2216 El De Oro Drive</i> <i>Clearwater, FL 33764</i>		Street Address (P.O. Box Number is Not Acceptable) <i>2216 El De Oro Drive</i>
		City <i>Clearwater</i> FL Zip Code <i>33764</i>

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OWEN, GARY <del>1434 NURSERY ROAD</del> <del>CLEARWATER, FL 33756</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Gary Owen</i> <i>2216 El De Oro Drive</i> <i>Clearwater, FL 33764</i>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GARY OWEN* *President* 4-30-07 727-430-2208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #