## 2008 FOR PROFIT CORPORATION . **ANNUAL REPORT**

## **FILED** May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P04000107187** 1. Entity Name MOWEN OWEN LANDSCAPING, INC. Principal Place of Business Mailing Address 2216 EL DE ORO DRIVE 2216 EL DE ORO DRIVE CLEARWATER, FL 33764 CLEARWATER, FL 33764 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1480176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OWEN, GARY DO NOT WRITE 22166 EL DE ORO DRIVE CLEARWATER, FL 33764 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U000000947601 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 06/02/08-80021-016 10. OFFICERS AND DIRECTORS NAME OWEN, GARY STREET ADDRESS 2216 EL DOREN DR. CITY-ST-ZIP CLEARWATER, FL 33764 NAME STREET ADDRESS CITY - ST- ZIP TOTAL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP ton F NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TECTIAME OF SIGNING OFFICER OR DIRECTOR