


2005 FOR PROFIT CORPORATION ANNUAL REPORT

09-06-2005 90140 002 ***150.00
P04000141405

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SECRET
TALLAHASSEE, FLORIDA
50065299

DOCUMENT # P04000141405					
1. Entity Name OWEN DAVIS CRAFTY COVERS INC					
Principal Place of Business 898 N E 30TH CT. OAKLAND PARK, 33334			Mailing Address 1141 S W 111 AVENUE PEMBROKE PINES, FL 33025		
2. Principal Place of Business		3. Mailing Address 898 N E 30TH CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OAKLAND PK FL		4. FEI Number 20-1761801	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33334	Broward	33334	Broward		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, OWEN 1141 S W 111 AVENUE PEMBROKE PINES, FL 33025			Name OWEN DAVIS		
			Street Address (P.O. Box Number is Not Acceptable) 898 N E 30TH CT		
			City Oakland Park FL		
			Zip Code 33334		
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 <u><i>Owen Davis</i></u> DATE <u>9/1/05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, OWEN		NAME	DAVIS OWEN	
STREET ADDRESS	1141 S W 111 AVENUE		STREET ADDRESS	898 N E 30TH CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	OAKLAND PK, FL 33334	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Owen Davis</i></u> DATE <u>9/1/05</u> DAYTIME PHONE # <u>9543098774</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 50065299
PO4000141405

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Owen Davis Crafty Covers, Inc.
898 N. E. 30th Court
Oakland Park, FL 33334

September 1, 2005

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

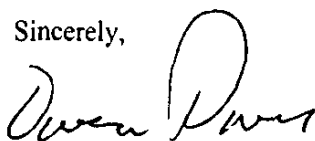
Dear Sir/Madam:

This letter serves to advise you that I did not receive the first notice for renewal possibly because of a change in my address and my ignorance to renew since this was my first year of experience being incorporated.

In light of this, I am enclosing the usual fee of \$150.00 for the renewal and ask that you waive any addition fees because of my situation.

I trust that my request will be favorably considered.

Sincerely,



Owen Davis