


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90237 016 ***150.00

DOCUMENT # P04000141405	
1. Entity Name OWEN DAVIS CRAFTY COVERS INC	

Principal Place of Business 898 NE 30TH CT. OAKLAND PARK, FL 33334	Mailing Address 898 NE 30TH CT. OAKLAND PARK, FL 33334
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2. Principal Place of Business	3. Mailing Address 4289 REFLECTIONS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 105
City & State	City & State SUNRISE, FL
Zip	Zip 33351
Country	Country BLUWARD



04242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1761901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, OWEN 898 NE 30 CT. OAKLAND PARK, FL 33334	7. Name and Address of New Registered Agent Name DAVIS OWEN Street Address (P.O. Box Number is Not Acceptable) 4289 REFLECTIONS BLVD. # 105 City SUNRISE FL Zip Code 33351
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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 	DATE 4 28 06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 DAVIS, OWEN 898 NE 30TH CT. OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	DATE 4 28 06	DAYTIME PHONE # 954 566 5361
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