

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141832

Entity Name: ANTHONY OWENS & ASSOCIATES, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2131
DAVENPORT, FL 33836

New Principal Place of Business:

662 LAKE CHARLES DR.
DAVENPORT, FL 33837

Current Mailing Address:

P.O. BOX 2131
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 20-1741283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, ANTHONY
662 LAKE CHARLES DR.
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OWENS, ANTHONY
Address: 662 LAKE CHARLES DR
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: OWENS, LIDIA
Address: 662 LAKE CHARLES DR.
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY OWENS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date