

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000036690

1. Entity Name
DOW ROAD CORPORATION



Principal Place of Business
1274 PRESQUE ISLE DR
PORT CHARLOTTE, FL 33952

Mailing Address
1274 PRESQUE ISLE DR
PORT CHARLOTTE, FL 33952



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2487944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, EARL C
1274 PRESQUE ISLE DR
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSELL, EARL C
STREET ADDRESS	1274 PRESQUE ISLE DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	D
NAME	WILGUS, JAMES
STREET ADDRESS	24095 BUCKINGTON WAY
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980

TITLE	D
NAME	HAYES, GERALD
STREET ADDRESS	2850 DON QUIXOTE DR
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	D
NAME	WILLIAMS, ROGER
STREET ADDRESS	1442 RAVEN COURT
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000775995
01/09/08-80006-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #