

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P05000103964

1. Entity Name
ROBERT A. OWEN, INC.



Principal Place of Business
8335 FREEDOM CROSSING TRAIL
203
JACKSONVILLE, FL 32256 US

Mailing Address
POST OFFICE BOX 56665
JACKSONVILLE, FL 32241 US



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0676375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWEN, ROBERT A
8335 FREEDOM CROSSING TRAIL
203
JACKSONVILLE, FL 32256

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OWEN, ROBERT A 8335 FREEDOM CROSSING TRAIL, #203 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR OWEN, ROBERT A 8335 FREEDOM CROSSING TRAIL, #203 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC OWEN, ROBERT A 8335 FREEDOM CROSSING TRAIL, #203 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80030-001 150.00

**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:

Robert A. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 904-568-1844

Date

Daytime Phone #