

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106747

FILED
Mar 04, 2009
Secretary of State

Entity Name: THE STOWELL COMPANY, INC.

Current Principal Place of Business:

1503 WILSON AVE.
ORLANDO, FL 32804 US

New Principal Place of Business:

503 LARGOVISTA DR.
OAKLAND, FL 34787 US

Current Mailing Address:

PO BOX 783681
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 41-2181568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAKER, WILLIAM E PRESIDE
503 LARGOVISTA DR
OAKLAND, FL 34787 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: CEO () Delete
Name: STOWELL, DAVID A
Address: P.O. BOX 2246, 3133 CR 518
City-St-Zip: FRASER, CO 80442 US

Title: PRES () Delete
Name: SHUMAKER, WILLIAM E PRES
Address: 503 LARGOVISTA DR
City-St-Zip: OAKLAND, FL 34787 US

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: WILLIAM E. SHUMAKER

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date