

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107943

FILED
Jan 19, 2006
Secretary of State

Entity Name: OWENS DRAFTING SERVICES, INC.

Current Principal Place of Business:

6072 SW 122ND PLACE
BELLEVIEW, FL 34420

New Principal Place of Business:

2317 NE 18TH AVE.
OCALA, FL 34470

Current Mailing Address:

6072 SW 122ND PLACE
BELLEVIEW, FL 34420

New Mailing Address:

2317 NE 18TH AVE.
OCALA, FL 34470

FEI Number: 20-3284255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, JONATHON
6072 SW 122ND PLACE
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

OWENS, JONATHON
2317 NE 18TH AVE.
OCALA, FL 34470 US

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: _____

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWENS, JONATHON
Address: 6072 SW 122ND PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: STD () Delete
Name: BARDWELL-OWENS, ANGELA
Address: 6072 SW 122ND PLACE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OWENS, JONATHON
Address: 2317 NE 18TH AVE.
City-St-Zip: OCALA, FL 34470

Title: STD (X) Change () Addition
Name: BARDWELL-OWENS, ANGELA
Address: 2317 NE 18TH AVE.
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHON OWENS

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date