

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087585

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: COWART AMELIA ISLAND FENCE, INC.

## Current Principal Place of Business:

447 OKEFENOKEE DR.  
FOLKSTON, GA 31537

## New Principal Place of Business:

## Current Mailing Address:

447 OKEFENOKEE DR.  
FOLKSTON, GA 31537

## New Mailing Address:

FEI Number: 20-5116353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, C. SHA'RON  
3116 CAPITAL CIRCLE NE, STE. 5  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
BOX 1368897  
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COWART, ROBERT  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

Title: DV ( ) Delete  
Name: COWART, WILLIAM D.  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

Title: DS (X) Delete  
Name: COWART, KATHIE  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COWART, WILLIAM D  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

Title: S (X) Change ( ) Addition  
Name: COWART, KATHIE  
Address: 447 OKEFENOKEE DR.  
City-St-Zip: FOLKSTON, GA 31537

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: CHRISTINA CLARK FOR ROBERT COWART

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date