

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000014072

Entity Name: GWEN MILLS-OWEN, P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4215 TRUMPWORTH COURT  
VALRICO, FL 335968494

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1523  
VALRICO, FL 33595

**New Mailing Address:**

4215 TRUMPWORTH COURT  
VALRICO, FL 335968494

FEI Number: 26-1878251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARENA, KEN EA  
912 LITHIA PINECREST ROAD  
BRANDON, FL 335116121 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: MILLS-OWEN, GWEN  
Address: 4215 TRUMPWORTH COURT  
City-St-Zip: VALRICO, FL 335968494

Title: D  
Name: MILLS-OWEN, GWEN  
Address: 4215 TRUMPWORTH COURT  
City-St-Zip: VALRICO, FL 335968494

I hereby 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 all other like empowered.

SIGNATURE: GWEN E MILLS-OWEN

PVST

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date