

PD8000053424

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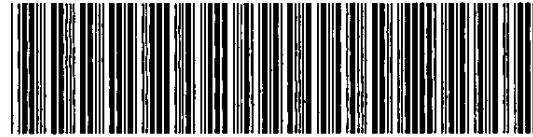
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R.A. Change

TB

6/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charles R. Cowart & Associates Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000053424

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles T. Cowart
(Name of Contact Person)

Cowart & Associates
(Firm/Company)

517 W. Bryan Street
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Cowart at (407) 791-1234
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

