

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000006737  
 1. Entity Name  
 OWEN INTERIORS, INC.



Principal Place of Business      Mailing Address  
 1110 NE PINE ISLAND RD      19150 GOTTARDE RD  
 STE 24      N FORT MYERS, FL 33917  
 CAPE CORAL, FL 33909



01132005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0378604      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OWEN, SHERRI  
 19150 GOTTARDE RD  
 N. FORT MYERS, FL 33917

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, KEVIN 19150 GOTTARDE RD N FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OWEN, SHERRI 19150 GOTTARDE RD N FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000231315  
 02/16/05-80025-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherrri Owen Sherrri Owen      2-14-05 239-458-3580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #