

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014048

FILED
Apr 22, 2004
Secretary of State

Entity Name: MICHAEL MOWERY, G.C., INC.

Current Principal Place of Business:

P O BOX 351
SILVER SPRINGS, FL 344890351

New Principal Place of Business:

Current Mailing Address:

P O BOX 351
SILVER SPRINGS, FL 344890351

New Mailing Address:

FEI Number: 59-3157013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWERY, MICHAEL
36 SE BANYAN PASS
OCALA, FL 34470

Name and Address of New Registered Agent:

MOWERY, MICHAEL
5655 SE 42ND AVE.
OCALA, FL 34480

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:

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOWERY, MICHAEL
Address: 36 SE BANYAN PASS
City-St-Zip: OCALA, FL 34470

Title: D (X) Delete
Name: MOWERY, CAROLYN
Address: 36 SE BANYAN PASS
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOWERY, MICHAEL
Address: 5655 SE 42ND AVE
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL MOWERY

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date