
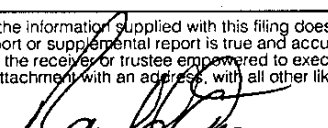


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 014 ***150.00

DOCUMENT # P93000022285 1. Entity Name OWEN & OWEN ENTERPRISES, INC.					
Principal Place of Business 125 W CENTER ST SEBRING, FL. 33870			Mailing Address 106 E MAIN STREET SEBRING, FL 33825		
2. Principal Place of Business 9700 PAYNE ROAD Suite, Apt. #, etc.			3. Mailing Address 9700 PAYNE ROAD Suite, Apt. #, etc.		
City & State SEBRING FLORIDA Zip 33875 Country			City & State SEBRING FLORIDA Zip 33875 Country		
4. FEI Number 65-0406128				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID H. OWEN, D.D.S., P.A. 125 W CENTER ST SEBRING, FL 33870			7. Name and Address of New Registered Agent Name RONALD L. OWEN Street Address (P.O. Box Number is Not Acceptable) 9700 PAYNE ROAD City SEBRING FL Zip Code 33875		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, DAVID H 106 E MAIN ST AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, RONALD L 106 E MAIN ST AVON PARK, FL 33825	<input type="checkbox"/> Delete		D RONALD L. OWEN 9700 PAYNE ROAD SEBRING FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			RONALD L. OWEN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/12/2005 Daytime Phone # 863-471-9817		

50033504



03122005 Chg-P CR2E034 (10/03)