


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000027120				
1. Entity Name DOWDA ENTERPRISES, INC.				
Principal Place of Business 4416 ELSON AVE SEBRING FL 33875		Mailing Address 4416 ELSON AVE SEBRING FL 33875		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
DOWDA, JOHN M 4416 ELSON AVE SEBRING FL 33875				Name
				Street Address (P O Box Number is Not Acceptable)
				City
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 Make Check Payable to Florida Department of State				
9. Election Campaign Financing \$5.00 May: Trust Fund Contribution <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS				
TITLE	D <input type="checkbox"/> Delete			
NAME	DOWDA, BECKY A			
STREET ADDRESS	4416 ELSON AVE			
CITY- ST- ZIP	SEBRING FL 33875			
TITLE	<input type="checkbox"/> Delete			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete			
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STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
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STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME				
STREET ADDRESS				
CITY- ST- ZIP				



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0417106** Applied For ☐ Not Applied

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

FL Zip Code

000000302307
04/13/05-80068-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *John M. Dowda* **11 April 2005 843-385-226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #