2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000008093

1. Entity Name
DOWELL SYSTEMS, INC.

Principal Place of Business	Mailing Address
8313 W HILLSBOROUGH AVE STE 210 TAMPA, FL 33615 US	P.O. BOX 21728 TAMPA, FL 33622-1728 US

02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3219953
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWELL, VERN
8313 W HILLSBOROUGH AVE
STE 210
TAMPA, FL 33615

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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 title if applicable. (NOTE Registered Agent signature required when reinstating)

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	D
NAME	DOWELL, VERN
STREET ADDRESS	8313 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	DOWELL, LINDA
STREET ADDRESS	8313 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	DOWELL, DOUG
STREET ADDRESS	13459 E ESTRELLA AVENUE
CITY-ST-ZIP	SCOTTSDALE, AZ 85259
TITLE	D
NAME	SMITH, FRED
STREET ADDRESS	2615 S. WESTSHORE BLVD.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80051-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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: Vern Dowell VERN DOWELL 3/15/05 813-249-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #