

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # R94000008093

1. Entity Name
DOWELL SYSTEMS, INC.



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business
8313 W HILLSBOROUGH AVE
STE 210
TAMPA, FL 33615 US

Mailing Address
P.O. BOX 21728
TAMPA, FL 33622-1728 US



01092007 No Chg-P CR2E034 (11/05)

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

**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 Vern Dowell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

UN00000613243
02/05/07-80030-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

813-249-8400
Daytime Phone #