

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P94000008093

1. Entity Name
DOWELL SYSTEMS, INC.



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



01212008 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DOWELL, VERN
STREET ADDRESS
8313 W HILLSBOROUGH AVE
CITY- ST- ZIP
TAMPA, FL 33615

TITLE
NAME
DOWELL, LINDA
STREET ADDRESS
8313 W HILLSBOROUGH AVE
CITY- ST- ZIP
TAMPA, FL 33615

TITLE
NAME
DOWELL, DOUG
STREET ADDRESS
13459 E ESTRELLA AVENUE
CITY- ST- ZIP
SCOTTSDALE, AZ 85259

TITLE
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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Vern Dowell VERN DOWELL

3/7/08

813-244-8400