

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088700

1. Entity Name
T. ROWE INC.



FILED

06 OCT -3 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
22504 69TH AVE E
BRADENTON, FL 34219

Mailing Address
PO BOX 356
PARRISH, FL 34219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09112006 Chg-P CR2E034 (11/05) 06

City & State

City & State

4. FEI Number
65-0562562

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, TOM
22504 69TH AVE E
BRADENTON, FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P ROWE, TOM
STREET ADDRESS 22504 69TH AVENUE E
CITY-ST-ZIP BRADENTON, FL 34202

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 300080390233
CITY-ST-ZIP 10/03/06--01026--009 **\$150.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tom Rowe Tom Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941)737-4661

Daytime Phone #

TO WHOM THIS MATTER
CONCERN'S;

DUE TO THE DEATH
OF MY MOTHER IN FEB.
MY WIFE'S GRANDMOTHER
LIVING WITH US &
PASSING AWAY 9-20-06
& MY WIFE'S REMISSION
FROM COLIN CANCER,
I DIDN'T GET THE
REPORT IN ON TIME.
I RECEIVED THIS
DOCUMENT 9-29-06,
I'M ASKING FOR
REINSTATEMENT FOR \$150.00
PLEASE.

Jan Rowe
T. Rowe INC.
PRESIDENT