


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 016 ***150.00

DOCUMENT # P96000022572 1. Entity Name KOWIE ENTERPRISES, INC.					
Principal Place of Business 3639 CORTEZ RD WEST SUITE 250 BRADENTON, FL 34210 US			Mailing Address P.O. BOX 47 BRADENTON, FL 34206 US		
2. Principal Place of Business 301 N. MAIN ST		3. Mailing Address PO BOX 860093			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HASTINGS FLORIDA		City & State ST AUGUSTINE FL		4. FEI Number 58-2227132	
Zip 32145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32086		Country USA			
6. Name and Address of Current Registered Agent AAA BOOKKEEPING SERVICES 3639 CORTEZ RD WEST BRADENTON, FL 34210			7. Name and Address of New Registered Agent Name KOWIE ENTERPRISES Street Address (P.O. Box Number is Not Acceptable) 301 N. MAIN ST City HASTINGS FL Zip Code 32145		
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 <u><i>L. J. Snoek</i></u> L. J. SNOEK SECRETARY 03/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOEK, ALLAN G <input type="checkbox"/> Delete 3639 CORTEZ RD WEST BRADENTON, FL 34210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SNOEK ALLAN G 630 E. BIANCA CIRCLE ST AUGUSTINE FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SNOEK, LINDA J 3639 CORTEZ RD WEST BRADENTON, FL 34210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SNOEK LINDA J. 630 E. BIANCA CIRCLE ST AUGUSTINE FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SNOEK GAVIN A 630 E. BIANCA CIRCLE ST AUGUSTINE FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>L. J. Snoek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/28/06 904 692 4070 <small>Date Daytime Phone #</small>		