


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90043 005 ***150.00

DOCUMENT # P97000012244	
1. Entity Name OWEN B. ENTERPRISE INC.	

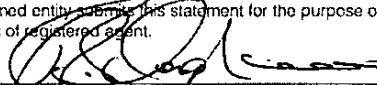
Principal Place of Business 9780 SW 55TH CT FORT LAUDERDALE, FL 33328	Mailing Address 9780 SW 55TH CT FORT LAUDERDALE, FL 33328
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2. Principal Place of Business 5016 SW 195TH TER	3. Mailing Address 5016 SW 195TH TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SOUTHWEST RANCHES FL	City & State SOUTHWEST RANCHES FL
Zip 33332	Country BROWARD
Zip 33332	Country BROWARD

6. Name and Address of Current Registered Agent BLAGROVE, OWEN B 9780 SW 55TH CT FORT LAUDERDALE, FL 33328	
7. Name and Address of New Registered Agent Name BLAGROVE, OWEN B Street Address (P.O. Box Number is Not Acceptable) 5016 SW 195TH TERRACE City SOUTHWEST RANCHES FL Zip Code 33332	

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.

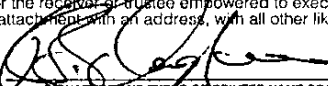
SIGNATURE:  **BLAGROVE, OWEN** President 2/9/7

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAGROVE, OWEN B 9780 SW 55TH CT FORT LAUDERDALE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAGROVE, OWEN B 5016 SW 195TH TERRACE SOUTHWEST RANCHES FL 33332
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
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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 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:  **BLAGROVE, OWEN** 2/9/5 954-680-6034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR