

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 004 ***150.00

DOCUMENT # P97000012244					
1. Entity Name OWEN B. ENTERPRISE INC.					
Principal Place of Business 5016 SOUTHWEST 195TH TERRACE SOUTHWEST RANCHES, FL 33332			Mailing Address 5016 SOUTHWEST 195TH TERRACE SOUTHWEST RANCHES, FL 33332		
2. Principal Place of Business - No P.O. Box # 1181 SUNSET STRCP		3. Mailing Address 1181 SUNSET STRCP			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUNRISE FL		City & State SUNRISE FL		4. FEI Number 65-0727154	
Zip 33313		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BLAGROVE, OWEN B 5016 SOUTHWEST 195TH TERRACE SOUTHWEST RANCHES, FL 33332			7. Name and Address of New Registered Agent Name: BLAGROVE, OWEN B Street Address (P.O. Box Number is Not Acceptable): 1181 SUNSET STRCP City: SUNRISE FL Zip Code: 33313		
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: DATE: 3/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: D NAME: BLAGROVE, OWEN B STREET ADDRESS: 5016 SOUTHWEST 195TH TERRACE CITY-ST-ZIP: SOUTHWEST RANCHES, FL 33332			TITLE: P NAME: BLAGROVE, OWEN B STREET ADDRESS: 5880 NW 18TH COURT CITY-ST-ZIP: SUNRISE, FL 33313		
TITLE: VP NAME: BLAGROVE, BEVERLY STREET ADDRESS: 5880 N.W. 18TH COURT CITY-ST-ZIP: SUNRISE, FL 33313			TITLE: VP NAME: BLAGROVE, BEVERLY STREET ADDRESS: 5880 N.W. 18TH COURT CITY-ST-ZIP: SUNRISE, FL 33313		
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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: DATE: 3/19/08-954-245-1640 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					