

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000103468

1. Entity Name
ROWE MANAGEMENT & INVESTMENT, INC.



Principal Place of Business Mailing Address

2557 SOMBRERO BLVD 2557 SOMBRERO BLVD
 MARATHON, FL 33050 MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3481603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, WILLIAM S
 2557 SOMBRERO BLVD
 MARATHON, FL 33050

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 STREET ADDRESS CITY-ST-ZIP	DP ROWE, WILLIAM S 2557 SOMBRERO BLVD MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWE, GABRIEL W 851 WESLEYAN BLVD ROCKY MOUNT, NC 27801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/05/07-80028-016 150.00

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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: *William S Rowe* 1-26-07 252-314-7208

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #