

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2004-90007-047-\$150.00-\$150.00

DOCUMENT # P98000024168

1. Entity Name

THE MOWRY ORGANIZATION, INC.



FILED

04 NOV 16 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04



MOORE

CR2E034 (4/04)

Principal Place of Business

2625 U.S. 19
HOLIDAY FL 34691

Mailing Address

2625 U.S. 19
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

4865 Shell Stream Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey Florida

Zip

Country

Zip

34652

Country

Pasco

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

Name

Clark Mowry

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

4865 Shell Stream Blvd.

City

New Port Richey

FL

Zip Code

34652

MOWRY, HATTIE A
2625 U.S. 19
HOLIDAY FL 34691

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

X Clark Mowry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/1/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete

NAME MOWRY, HATTIE A
STREET ADDRESS 2625 US 19
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VST ☒ Delete

NAME MOWRY, HATTIE A
STREET ADDRESS 2625 US 19
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ? ☒ Change ☐ Addition

NAME Clark Mowry
STREET ADDRESS 4865 Shell Stream Blvd
CITY-ST-ZIP New Port Richey, Fla 34652

TITLE VSA ☒ Change ☐ Addition

NAME Clark Mowry
STREET ADDRESS 4865 Shell Stream Blvd
CITY-ST-ZIP New Port Richey, Fla 34652

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X Clark Mowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/04

DATE

(22) 842-4072

Daytime Phone #