

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90028 046 ***150.00

DOCUMENT # P98000034346

1. Entity Name
OWENS GROVE CORPORATION OF INDIANTOWN



Principal Place of Business
**16400 S.W. FARMS ROAD
INDIANTOWN, FL 34956**

Mailing Address
**POST OFFICE BOX 306
INDIANTOWN, FL 34956**

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0850742

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POWERS, MARSHA B
16400 S.W. FARMS ROAD
INDIANTOWN, FL 34956**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWERS, KEVIN P
STREET ADDRESS	16400 SW FARMS RD
CITY- ST- ZIP	INDIANTOWN, FL 34956
TITLE	ST
NAME	POWERS, MARSHA B
STREET ADDRESS	16400 SW FARMS RD
CITY- ST- ZIP	INDIANTOWN, FL 34956
TITLE	VP
NAME	POWERS, COLETTE
STREET ADDRESS	15900 S.W. MYRTLE DRIVE 14555 SW Osceola St.
CITY- ST- ZIP	INDIANTOWN, FL 34956
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

Marsha Powers
Marsha Powers

3-18-05

772-597-2446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #