

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034346

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: OWENS GROVE CORPORATION OF INDIANTOWN

## Current Principal Place of Business:

16400 S.W. FARMS ROAD  
INDIANTOWN, FL 34956

## New Principal Place of Business:

15350 SW MYRTLE DR.  
INDIANTOWN, FL 34956

## Current Mailing Address:

POST OFFICE BOX 306  
INDIANTOWN, FL 34956

## New Mailing Address:

FEI Number: 65-0850742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

POWERS, MARSHA B  
15350 SW MYRTLE DR.  
INDIANTOWN, FL 34956      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/10/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POWERS, KEVIN P  
Address: 16400 SW FARMS RD  
City-St-Zip: INDIANTOWN, FL 34956

Title: ST ( ) Delete  
Name: POWERS, MARSHA B  
Address: 16400 SW FARMS RD  
City-St-Zip: INDIANTOWN, FL 34956

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POWERS, KEVIN P  
Address: 15350 SW MYRTLE DR.  
City-St-Zip: INDIANTOWN, FL 34956

Title: ST (X) Change ( ) Addition  
Name: POWERS, MARSHA B  
Address: 15350 SW MYRTLE DR.  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA B. POWERS

ST

04/10/2008

Electronic Signature of Signing Officer or Director

Date