

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054851

FILED
Jun 12, 2004
Secretary of State

Entity Name: SOWA, INC.

Current Principal Place of Business:

273 W OVERBROOK ST
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

273 W OVERBROOK ST
LARGO, FL 33770

New Mailing Address:

FEI Number: 59-3521594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWA, PHILIP M
273 W OVERBROOK ST
LARGO, FL 33770

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOWA, PHILIP M
Address: 273 W OVERBROOK ST
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: DATLOW, LARRY
Address: 1741 KINGS HIGHWAY
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: SOWA, RYAN P
Address: 656 DEXTER ST.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: WRIGHT, LOUIS
Address: 331 5TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP M. SOWA

SCTY

06/12/2004

Electronic Signature of Signing Officer or Director

Date