

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069383

FILED
Apr 21, 2009
Secretary of State

Entity Name: GARY OWEN INFO SERVICES, INC.

Current Principal Place of Business:

2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

408 WILLOW STONE WAY
LOUISVILLE, KY 40223 US

New Mailing Address:

FEI Number: 59-3532535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWEN, GARY C
Address: 408 WILLOW STONE WAY
City-St-Zip: LOUISVILLE, KY 40223

Title: VPD () Delete
Name: OWEN, CAROLYN A
Address: 408 WILLOW STONE WAY
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GARY C. OWEN

_____ Electronic Signature of Signing Officer or Director

PRES

04/21/2009

_____ Date