

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069383

**FILED**  
**Apr 13, 2011**  
**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  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY OWEN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/13/2011

\_\_\_\_\_ Date