


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 042 ***150.00

DOCUMENT # P98000075425 1. Entity Name COWBOY INVESTORS, INC.					
Principal Place of Business 4600 CAMINO REAL SARASOTA, FL 34241 US			Mailing Address 4600 CAMINO REAL SARASOTA, FL 34241 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DABNEY, THOMAS G 4600 CAMINO REAL SARASOTA, FL 34241				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, DAVID L		NAME		
STREET ADDRESS	4889 FALLCREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DABNEY, THOMAS G dabney		NAME	Thomas G. Dabney	
STREET ADDRESS	4600 CAMINO ROAD		STREET ADDRESS	4600 Camino Real	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	M <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWER, AMY P		NAME		
STREET ADDRESS	5002 COCO PLUM WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 I am empowered.					
SIGNATURE: <i>Thomas G. Dabney</i> - Sec/Treas			Date: <i>3/27/04</i> Daytime Phone #: <i>941-923-2144</i>		