2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000108013

1. Entity Name
DENNIS OWENS INC.

Principal Place of Business	Mailing Address
3116 E BUS HIGHWAY 98	3116 E BUS 98
PANAMA CITY, FL 32401	PANAMA CITY, FL 32401

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DO NOT WRITE IN THIS SPACE

03272008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3551918	Not Applicable

5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DENNIS
3116 E BUS HIGHWAY 98
PANAMA CITY, FL 32401

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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 _____   4-29-08

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	OWENS, DENNIS E
STREET ADDRESS	346 E BAS HWY 98
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VPS
NAME	OWENS, ROBIN
STREET ADDRESS	3116 E BUSINESS HWY 98
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #