


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 030 \*\*\*158.75

**DOCUMENT # P98000108068**  
 1. Entity Name  
**OWEN CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
**3401 SE 58 AVE**      **3401 SE 58 AVE**  
**OCALA, FL 34472**      **OCALA, FL 34472**

**50023071**

**DO NOT WRITE IN THIS SPACE**



07172006    No Chg-P    CR2E034 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-3555616</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
**OWEN, M. DAVID**  
**3401 SE 58 AVE**  
**OCALA, FL 34472**

**DO NOT WRITE IN THIS SPACE**

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 M. David Owen      7/19/06  
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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>OWEN, M. DAVID<br>3401 SE 58 AVE<br>OCALA, FL 34472                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>OWEN, LORRAINE H<br>3401 SE 58 AVE<br>OCALA, FL 34472                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>VP</u><br>OWEN, MICHAEL T <u>1st V.P.</u><br>3401 SE 58 AVE<br>OCALA, FL 34472 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>Owen Dustin M. 2nd V.P.</u><br>3401 SE 58 Ave<br>Ocala FL 34472                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

*Add Officer*

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: M. David Owen      7/19/06 352-624-1483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #