

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000094614

Entity Name: FOWLER-SCHWIND, INC.

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

7955 9TH AVENUE SOUTH
ST PETERSBURG, FL 33707

New Principal Place of Business:

14133 CRANE TERRACE
CLEARWATER, FL 33762

Current Mailing Address:

P.O. BOX 49300
ST PETERSBURG, FL 33743

New Mailing Address:

14133 CRANE TERRACE
CLEARWATER, FL 33762

FEI Number: 59-3607741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, TED
255 SOUTH ORANGE AVE
STE 800
ORLANDO, FL 32801 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: TED EDWARDS

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWIND, WILLIAM G
Address: 7955 9TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: FOWLER, TERRY
Address: 8130 BAYMEADOWS WAY WEST, #308
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHWIND, WILLIAM G
Address: 14133 CRANE TERRACE
City-St-Zip: CLEARWATER, FL 33762

Title: D (X) Change () Addition
Name: FOWLER, TERRY
Address: 183 LANDRUM LANE STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SCHWIND

D

10/17/2005

Electronic Signature of Signing Officer or Director

Date