

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103879 1. Entity Name COWELL PROPERTIES, INC.			
Principal Place of Business 660 SAN ROY DRIVE SOUTH DUNEDIN FL 34698-4357		Mailing Address 660 SAN ROY DRIVE SOUTH DUNEDIN FL 34698-4357	
2. Principal Place of Business 660 San Roy Dr S. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Dunedin, Florida Zip 34698		City & State Florida Zip 34698	
Country USA		Country USA	
4. FEI Number 59-3612950		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent WILKINSON, G. BARRY ESQ 696 1 ST AVE NORTH STE 201 ST PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 John L Cowell Signature, typed or printed name of registered agent and title if applicable		President (NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May E Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D COWELL, JOHN L 660 SAN ROY DRIVE SOUTH DUNEDIN FL 34698-4357	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D COWEL, THOMAS H 105 EAGLES NEST LANE AIKEN SC 29803	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John L Cowell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 5/22/06 Date Daytime Phone #	