

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-09-2007 90042 042 ****25.00
08-16-2007 90014 006 ***400.00

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>See Above</i>	City & State
Zip	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 59-3612950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILKINSON, G. BARRY ESO 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) <i>Same</i> City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointed)
Signature, typed or printed name of registered agent and fee if applicable DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State
S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐
9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D COWELL, JOHN L 660 SAN ROY DRIVE SOUTH DUNEDIN FL 34698-4357			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D COWEL, THOMAS H 105 EAGLES NEST LANE AIKEN SC 29803			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *John L Cowell* 7/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE