

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # V54208

1. Entity Name
ROWE INVESTIGATION CO.



Principal Place of Business

**BOX 16341
TAMPA, FL 33687**

Mailing Address

**BOX 16341
TAMPA, FL 33687**

DO NOT WRITE IN THIS SPACE



06022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3136664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROWE, RALPH
8614 HIBISCUS DRIVE B
TAMPA, FL 33637**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000952783
06/05/08-80002-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROWE, RALPH
STREET ADDRESS	BOX 16341
CITY-ST-ZIP	TAMPA, FL 33687
TITLE	VSD
NAME	ROWE, PATRICIA A
STREET ADDRESS	BOX 16341
CITY-ST-ZIP	TAMPA, FL 33687
TITLE	PTM
NAME	ROWE, RALPH
STREET ADDRESS	BOX 16341
CITY-ST-ZIP	TAMPA, FL 33687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

5/29/2008 813-9885539
Date Daytime Phone #