

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V65149

1. Entity Name
JIM FOWLER ENTERPRISES, INC.



Principal Place of Business
**11060 S. PLEASANT GROVE ROAD
INVERNESS, FL 34452 US**

Mailing Address
**11060 S. PLEASANT GROVE ROAD
INVERNESS, FL 34452 US**

FILED

07 SEP 20 PM 2:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



08072007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3142089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, LEWIS W.
4850 N. HWY 19A
MOUNT DORA, FL 32757**

**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 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FOWLER, JAMES D.
STREET ADDRESS	11060 PLEASANT GROVE RD
CITY - ST - ZIP	INVERNESS, FL
TITLE	VPSD
NAME	FOWLER, BETTY J.
STREET ADDRESS	11060 PLEASANT GROVE RD
CITY - ST - ZIP	INVERNESS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100109713481
09/20/07--01049--011 **550.00

**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: *Jim Fowler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-14-07 Daytime Phone # _____