

2008 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*
Jul 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3142089

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
FOWLER, JAMES D
11060 PLEASANT GROVE RD
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPSD
FOWLER, BETTY J
11060 PLEASANT GROVE RD
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U000000954579
07/14/08-80008-003 150.00

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

7-8-08 82687-0001
Date Daytime Phone #