

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90076 032 \*\*\*150.00

**20013969**



01282005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P25122</b>			
1. Entity Name <b>OWEN ENGINEERING &amp; MANAGEMENT CONSULTANTS, INCORPORATED</b>			
Principal Place of Business 5353 WEST DARTMOUTH AVE., STE 509 DENVER, CO 80227 US		Mailing Address 5353 WEST DARTMOUTH AVE., STE 509 DENVER, CO 80227 US	
2. Principal Place of Business 5353 WEST DARTMOUTH AVE.		3. Mailing Address 5353 WEST DARTMOUTH AVE.	
Suite, Apt. #, etc. STE 402		Suite, Apt. #, etc. STE 402	
City & State DENVER, CO		City & State DENVER, CO	
Zip 80227	Country US	Zip 80227	Country US
4. FEI Number 84-0893869		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWEN, WEBSTER J J 1240 FLYING BRIDGE LANE SUITE 200 OSPREY, FL 34229		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

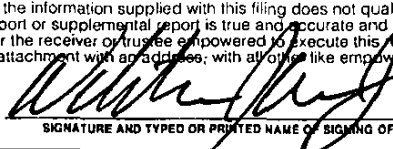
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, WEBSTER J JR 5353 W. DARTMOUTH AVE. DENVER, CO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWEN, WEBSTER J., JR. 3377 COACH LN. S-K CAMERON PARK, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  Webster J. Owen, Jr. 2/16/05 (530) 677-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #