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Apr 21, 2004 8:00 am
Secretary of State

04-05-2004 90053 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132109

1. Entity Name
KING BOWENSHIRE, INC.

Principal Place of Business	Mailing Address
5574 SHADOW GROVE BLVD. PENSACOLA, FL 32526	5574 SHADOW GROVE BLVD. PENSACOLA, FL 32526

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9600 Westgate Cir	9600 Westgate Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32507 Country: US	Zip: 32507 Country:

4. FEI Number: 01-0759833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, STEVEN E
5574 SHADOW GROVE BLVD.
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

Name: Russell, Steven E.
Street Address (P.O. Box Number is Not Acceptable): 9600 Westgate Cir
City: Pensacola FL Zip Code: 32507

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] Steve Russell 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PSD RUSSELL, STEVEN E 5574 SHADOW GROVE BLVD. PENSACOLA, FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Russell, Steven E. 9600 Westgate Cir Pensacola, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] Steve Russell 3/31/04 850-221-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #