

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90187 050 \*\*\*550.00

**DOCUMENT # 456936**  
 1. Entity Name  
 BOWERS PUBLISHING COMPANY OF FLORIDA, INC.



Principal Place of Business: 9049 CALLAWAY DR, NEW PORT RICHEY, FL 34655 US  
 Mailing Address: P O BOX 3867, HOLIDAY, FL 34690 US

44047451

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



02232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 BOWERS, MARK L  
 9049 CALLAWAY DR  
 NEW PORT RICHEY, FL 34655

4. FEI Number: 25-1201571  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL 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)

**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	
TITLE: P NAME: BOWERS, MARK L. STREET ADDRESS: 9049 CALLAWAY DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE: D NAME: BOWERS, HELEN L STREET ADDRESS: 11051 WEDGEMERE DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BOWERS, CAROL L STREET ADDRESS: 9049 CALLAWAY DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE: D NAME: BOWERS, GEORGE R STREET ADDRESS: 11051 WEDGEMERE DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Mark L. Bowers* MARK L. BOWERS Date: 07-16-04 Daytime Phone #