


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90003 046 ***550.00

DOCUMENT # P01000073368 1. Entity Name ROBERT E. BOWMAN, P.A.					
Principal Place of Business 2713 CLIPPER WAY NAPLES, FL 34104			Mailing Address 2713 CLIPPER WAY NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				Name Robert E. Bowman Street Address (P.O. Box Number is Not Acceptable) 2713 Clipper Way City Naples FL Zip Code 34104	
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 Robert E. Bowman Robert E. Bowman 8-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BOWMAN, ROBERT E 2713 CLIPPER WAY NAPLES, FL 34104 <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	Barbara Bowman 2713 Clipper Way Naples FL 34104 <input type="checkbox"/> Change <input checked="" 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: Robert E. Bowman Robert E. Bowman 8-17-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

04076553



07202004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3738301** Applied For ☐ Not Applicable ☒

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

N. Rex Ashley P.A.
Certified Public Accountant

1044 Castello Dr. • Suite 106
Naples, Florida 34103-2994
Telephone (941) 261-7200
Fax (941) 261-4085

Attachment

524072355
#P01000073368

Robert E Bowman PA

INSTRUCTIONS FOR FILING

Enclosed in duplicate is your Uniform Business Report for the year 2004.

The original of this form must be signed, title indicated, and forwarded on or before May 1, 20 in the envelope provided to:
Sept 8, 2004

Corporations:

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

Limited Liability Companies:

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

Your check payable to the Department of State in the amount of \$ 550.00 must accompany the return when filed. Please indicate on the check the type of tax being paid and your Federal Identification Number to ensure proper credit.

Please review this return carefully prior to mailing. Any inaccuracies must be corrected before filing the return, and my records should also reflect these changes.

If you have any questions regarding this matter, do not hesitate to contact me.

Note: Be sure to sign lines 8 & 12 before filing.