


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90238 044 \*\*\*150.00

**DOCUMENT # 456936**

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



Principal Place of Business      Mailing Address

~~9040 CALLAWAY DR~~ **10212 Gallery St.**      P O BOX 3867  
 NEW PORT RICHEY, FL 34655 US      HOLIDAY, FL 34690 US

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BOWERS, MARK L.**  
~~9040 CALLAWAY DR~~ **10212 Gallery St.**  
 NEW PORT RICHEY, FL 34655

**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!!! FEES \$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

TITLE	P
NAME	<b>BOWERS, MARK L.</b>
STREET ADDRESS	<del>9040 CALLAWAY DR</del> <b>10212 Gallery St.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	D
NAME	<b>BOWERS, CAROL L</b>
STREET ADDRESS	<del>9040 CALLAWAY DR</del> <b>10212 Gallery St.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Bowers*      **MARK BOWERS**      *April 15, 2005*      **727.376.0441**

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