


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 048 ***150.00

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



Principal Place of Business
 10212 GALLERY ST.
 NEW PORT RICHEY, FL 34655 US

Mailing Address
 P O BOX 3867
 HOLIDAY, FL 34692 US

40035427



2. Principal Place of Business - No P.O. Box #
12019 INFINITY DR.

3. Mailing Address
12019 INFINITY DR

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

Zip Country
34654 USA

Zip Country
34654 USA

4. FEI Number
 25-1201571

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOWERS, MARK L
 10212 GALLERY ST.
 NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name
MARK L. BOWERS

Street Address (P.O. Box Number is Not Acceptable)
12019 INFINITY DR.

City
NEW PORT RICHEY, FL Zip Code
34654

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 Mark L. Bowers, President DATE 03-09-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME BOWERS, MARK L.	
STREET ADDRESS 10212 GALLERY ST	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE D	<input type="checkbox"/> Delete
NAME BOWERS, CAROL L	
STREET ADDRESS 10212 GALLERY ST	
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWERS, MARK L	
STREET ADDRESS 12019 INFINITY DR	
CITY-ST-ZIP NEW PORT RICHEY, FL 34654	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWERS, CAROL L	
STREET ADDRESS 12019 INFINITY DR	
CITY-ST-ZIP NEW PORT RICHEY, FL 34654	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 DATE 03-09-07 DAYTIME PHONE # 727.856.7101

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