


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90035 038 \*\*\*150.00

**DOCUMENT # 456936**

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



Principal Place of Business      Mailing Address

12019 INFINITY DR.      12019 INFINITY DR.  
 NEW PORT RICHEY, FL 34654    US      NEW PORT RICHEY, FL 34654    US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**11004 Cobbs Ferry Court**      **11004 Cobbs Ferry Court**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**New Port Richey FL**      **New Port Richey FL**

Zip      Country      Zip      Country

**34654**      **USA**      **34654**      **USA**

40000000



03292008    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For

**25-1201571**       Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWERS, MARK L**  
 12019 INFINITY DR.  
 NEW PORT RICHEY, FL 34654

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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>BOWERS, MARK L.</b>
STREET ADDRESS	<b>12019 INFINITY DR.</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 34655</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>BOWERS, CAROL L</b>
STREET ADDRESS	<b>12019 INFINITY DR.</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>11004 Cobbs Ferry Court</b>
CITY - ST - ZIP	<b>New Port Richey FL 34654</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 119, 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: **X Mark L Bowers**      **X 04-02-08**      **727 856 7101**

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

**MARK L. BOWERS**