


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

40055000



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	BOWERS, MARK L.	
STREET ADDRESS	12019 INFINITY DR.	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, CAROL L	
STREET ADDRESS	12019 INFINITY DR.	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654	
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	11004 Cobbs Ferry Court	
CITY - ST - ZIP	New Port Richey FL 34654	
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 to an address, with all other like empowered.

SIGNATURE: X Mark L Bowers Date: X 04-02-08 Daytime Phone #: 727 856 7101

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

MARK L. BOWERS