


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90037 007 ***150.00

DOCUMENT # 299097	
1. Entity Name BOWEN OF SEBRING INC	

Principal Place of Business 145 HARRY LEE ROAD P.O. BOX 1333 LAKE PLACID FL 33852	Mailing Address 145 HARRY LEE ROAD P.O. BOX 1333 LAKE PLACID FL 33852
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94014944



MOORE CR2E034 (11/03)

2. Principal Place of Business 425 DARTER ST N.W.	3. Mailing Address P.O. BOX 1333
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE PLACID FL	City & State LAKE PLACID FL
Zip 33852	Zip 33862
Country HIGHLANDS	Country HIGHLANDS

4. FEI Number 59-1164428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWEN, BRADFORD T., JR. #1 HARRY LEE ROAD LAKE PLACID FL 33852	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 425 DARTER ST NW City LAKE PLACID FL Zip Code 33852	

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!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWEN, BRADFORD T JR 145 HARRY LEE RD LAKE PLACID FL <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	STD BOWEN, DOROTHY F 145 HARRY LEE RD LAKE PLACID FL <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	D TOMPKINS, JAMES E. 107 INTERLAKE BLVD. LAKE PLACID FL <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
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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: B.T. Bowen **B.T. BOWEN JR** 2/9/04 863-465-4065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #