2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 420229

Entity Name: BOWEN & SON ROOFING INC

623 PARK STREET

SEBRING, FL

Address:

City-St-Zip:

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 623 PARK ST SEBRING, FL 338711237 US **Current Mailing Address: New Mailing Address:** 623 PARK ST P O BOX 1237 SEBRING, FL 338711237 US FEI Number: 59-1450150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWEN, III, B.T. 623 PARK STREET SEBRING, FL 338718237 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOWEN, B.T. III Name: Name: 623 PARK STREET Address: Address: City-St-Zip: SEBRING, FL City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: BOWEN, B.T. IV Name: **623 PARK STREET** Address: Address: SEBRING, FL City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition BOWEN, LAURA T. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAURA T. BOWEN STD 04/09/2009