

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 420229

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** BOWEN & SON ROOFING INC

**Current Principal Place of Business:**

623 PARK ST  
SEBRING, FL 338711237 US

**New Principal Place of Business:**

**Current Mailing Address:**

623 PARK ST  
P O BOX 1237  
SEBRING, FL 338711237 US

**New Mailing Address:**

**FEI Number:** 59-1450150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWEN, B.T. III  
623 PARK STREET  
SEBRING, FL 338718237 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOWEN, B.T. III  
Address: 623 PARK STREET  
City-St-Zip: SEBRING, FL

Title: VD  
Name: BOWEN, B.T. IV  
Address: 623 PARK STREET  
City-St-Zip: SEBRING, FL

Title: STD  
Name: BOWEN, LAURA T.  
Address: 623 PARK STREET  
City-St-Zip: SEBRING, FL

I hereby 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 all other like empowered.

SIGNATURE: B.T.BOWENIII

PRES

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date