


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 12019 INFINITY DR. NEW PORT RICHEY, FL 34654 US | Mailing Address 12019 INFINITY DR. NEW PORT RICHEY, FL 34654 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 11004 Cobbs Ferry Court | 3. Mailing Address 11004 Cobbs Ferry Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|------------------------------------|
| City & State New Port Richey FL | City & State New Port Richey FL |
| Zip 34654 | Zip 34654 |
| Country USA | Country USA |

03292008 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|--|
| 4. FEI Number 25-1201571 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 | 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 reappointing) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BOWERS, MARK L. 12019 INFINITY DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11004 Cobbs Ferry Court New Port Richey FL 34654 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BOWERS, CAROL L 12019 INFINITY DR. NEW PORT RICHEY, FL 34654 <input checked="" 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 |
| 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 |
| 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 |
| 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 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 Date: 04-02-08 Daytime Phone: 727 856 7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARK L. BOWERS