


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 828380
 1. Entity Name
BOWMAN FARMS, INC



Principal Place of Business Mailing Address
 11259 GOWANDA ST. RD. 11259 GOWANDA ST. RD.
 NORTH COLLINS, NY 14111 NORTH COLLINS, NY 14111

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
16-0913221 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BOWMAN, LYNN
 2245 C.R. 78 W.
 LABELLE, FL 33935

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWMAN, LARRY 11327 GOWANDA ST. RD. NORTH COLLINS, NY 14111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, LYNN 2245 C.R. 78 W. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWMAN, BRUCE 1969 MILESTRIP RD. NORTH COLLINS, NY 14111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000426009
 02/20/06-80026-010 150700

DO NOT WRITE IN THIS SPACE

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: Larry Bowman LARRY BOWMAN 2-3-06 (76)337-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #