


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 828380</b> 1. Entity Name <b>BOWMAN FARMS, INC</b>		
Principal Place of Business <b>11259 GOWANDA ST. RD. NORTH COLLINS, NY 14111</b>	Mailing Address <b>11259 GOWANDA ST. RD. NORTH COLLINS, NY 14111</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BOWMAN, LYNN 2245 C.R. 78 W. LABELLE, FL 33935</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		
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: <u>Larry Bowman</u> <b>LARRY BOWMAN</b>		Date <u>2-3-06</u> Daytime Phone # <u>(76)337-2965</u>



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-0913221</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000426009  
02/20/06-80026-010 150.00

**DO NOT WRITE  
IN THIS SPACE**