2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F00000003521** 03-16-2004 90024 007 ***150.00 1. Entity Name JOHN BOWERS BUICK, INC. Principal Place of Business Mailing Address 726 BAYTREE COURT J4UJU544 726 BAYTREE COURT NAPLES, FL 33963 NAPLES, FL 33963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 34-0690011 Not Applicable Country \$8.75 Additional 34108 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWERS, JOHN H Street Address (P.O. Box Number is Not Acceptable) 726 BAYTREE CT. NAPLES, FL 33963 City 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. - - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) الكار فؤلون أدوار Example: NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing -\$5.00 May Be Trust Fund Contribution. Ď: Added to Fees 1-10-0-OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 141 11. ----PD TITLE : ☐ Delete TITLE ☐ Change BOWERS, JOHN H NAME : 726 BAYTREE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 33963 CITY-ST-ZIP SD ☐ Delete TITI F NAME **BOWERS, BARBARA** NAME 726 BAYTREE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 33963 CITY-ST-ZIP TITLE Delete TIT: F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Delete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition , NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ people Delete TITLE Change ___ Addition NOTAL HIB 12 TVOTO NAME Hower occurre STREET ADORESS √वस्टल १० हरा छ ar gleathruighean tha. STREET ADDRESS 1,7,00 t/37/78 CITY-ST-7IP--CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Mar 16, 2004 8:00 am