2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003212

1. Entity Name
J.R. BOWMAN CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
144 BELLAMY PLACE STOCKBRIDGE, GA 30281	144 BELLAMY PLACE STOCKBRIDGE, GA 30281

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1433951

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENS, LARRY
1099 40TH AVE NE
ST PETERSBURG, FL 33703

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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

000000429724
02/22/06-80019-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BOWMAN, JANICE R
STREET ADDRESS	144 BELLAMY PLACE
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	V
NAME	BOWMAN, REID A
STREET ADDRESS	144 BELLAMY PLACE
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	S
NAME	BOWMAN, DENISE
STREET ADDRESS	144 BELLAMY PLACE
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Denise Bowman 2-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #