2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000003212

1. Entity Name

J.R. BOWMAN CONSTRUCTION COMPANY, INC.



FILED
Jan 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

144 BELLAMY PLACE STOCKBRIDGE, GA 30281 Mailing Address

144 BELLAMY PLACE STOCKBRIDGE, GA 30281



01112008

No Chg-P

CR2E034 (11/05)

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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	named entity submits this statement for the points of registered agent.	urpose of changing its registere	d office or r	registered agent, or b	poth, in the State of Fk	orida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)		DATE
FIL	E NOW!!! FEE IS \$150.00 my 1, 2008 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.		\$5.00 May Be Added to Fees		DATE
10.	OFFICERS AND DIRECT	TORS	1 11 11 11	14.55 19.67 13.6	1 - 41 - 2 <u>4 4 - 3 e 4 4 e</u>	*
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWMAN, REID A 144 BELLAMY PLACE STOCKBRIDGE, GA 30281					80002-014 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				N	THIS SF	PACE
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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

Janice KY30wi

KBowman 1-23-08

770-3899701

Daytime Phone