

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002053**

1. Entity Name  
**BOWEN BUILDERS GROUP, INC.**



Principal Place of Business

P.O. BOX 401  
BUFORD, GA 30515

Mailing Address

P.O. BOX 401  
BUFORD, GA 30515

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2081818**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
PCD  
BOWEN, DAVID J  
4460 COMMERCE DRIVE  
BUFORD, GA 30518

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
CAPE, ERIC T  
4460 COMMERCE DRIVE  
BUFORD, GA 30518

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PHELPS, THOMAS M JR.  
4460 COMMERCE DRIVE  
BUFORD, GA 30518

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
PALMER, STEPHEN D  
4460 COMMERCE DRIVE  
BUFORD, GA 30518

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
RIETIG, REINER P  
4460 COMMERCE DRIVE  
BUFORD, GA 30518

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000062338  
02/23/04-80117-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen A Palmer, CFO*

Date

1/19/04

Daytime Phone #

770-932-1332