


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F04000002985</b> 1. Entity Name THE PATRICIA AND ROBERT BOWDEN FOUNDATION, INC.	
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Principal Place of Business 3313 W. GULF DRIVE LANTANA 101 SANIBEL, FL 33957	Mailing Address 3313 W. GULF DRIVE LANTANA 101 SANIBEL, FL 33957
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02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0633724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOWDEN, ROBERT 3313 W. GULF DRIVE LANTANA 101 SANIBEL, FL 33957
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000654320 03/13/07 00050 022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDEN, ROBERT 3313 W. GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWDEN, SCOTT G 3313 W. GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWDEN GORE, JANE 3313 W. GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWDEN, PATRICIA 3313 W. GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWDEN, ROBERT JR 3313 W. GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 617, 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:**  **02-22-07** **239 472 2900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ROBERT E. BOWDEN**