

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002603

FILED
Mar 31, 2006
Secretary of State

Entity Name: BOWMAN PRODUCE, INC.

Current Principal Place of Business:

404 1ST STREET NORTH
MARSING, ID 83639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
MARSING, ID 83639

New Mailing Address:

FEI Number: 82-0307741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN FINLEY, DENISE
2021 CORNELL PLACE
DAYTONA BEACH, FL 32129 US

Name and Address of New Registered Agent:

BOWMAN FINLEY, DENISE
5585 LAKE LIZZIE DR.
ST. CLOUD, FL 34771 US

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.

SIGNATURE:

03/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWMAN, GERALD E
Address: P.O. BOX 188
City-St-Zip: MARSING, ID 83639

Title: VP () Delete
Name: BOWMAN, J. LYNN
Address: P.O. BOX 188
City-St-Zip: MARSING, ID 83639

Title: VP () Delete
Name: BOWMAN FINLEY, DENISE
Address: P.O. BOX 188
City-St-Zip: MARSING, ID 83639

Title: ST () Delete
Name: BOWMAN, LAURA
Address: P.O. BOX 188
City-St-Zip: MARSING, ID 83639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE BOWMAN FINLEY

VP

03/31/2006

Electronic Signature of Signing Officer or Director

Date