2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F07000003356

Entity Name: BOWMAN ENTERPRISES, INC. NC

Current Principal Place of Business:

402 WEST MARTIN STREET
BENSON, NC 27504

New Principal Place of Business:

Current Mailing Address:

PO BOX 27
BENSON, NC 27504

New Mailing Address:

PO BOX 427
BENSON, NC 27504

FEI Number: 56-1038919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALLENBERGER, CHRIS
30 BEACON STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: BOWMAN, WORTH
Address: PO BOX 427, 402 WEST MARTIN STREET
City-St-Zip: BENSON, NC 27504

Title: P ( ) Delete
Name: BOWMAN, WORTH
Address: PO BOX 427, 402 WEST MARTIN STREET
City-St-Zip: BENSON, NC 27504

Title: VCHR ( ) Delete
Name: MURPHY, BILLY
Address: PO BOX 427, 402 WEST MARTIN STREET
City-St-Zip: BENSON, NC 27504

Title: VP ( ) Delete
Name: MURPHY, BILLY
Address: PO BOX 427, 402 WEST MARTIN STREET
City-St-Zip: BENSON, NC 27504

Title: S ( ) Delete
Name: THOMPSON, KITTY
Address: PO BOX 427, 402 WEST MARTIN STREET
City-St-Zip: BENSON, NC 27504

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: EUGENE E. BOWMAN, JR CHRM 04/14/2009

Electronic Signature of Signing Officer or Director — Date