## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000002714

Entity Name: BOWL AMERICA INCORPORATED

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
6446 EDSA ALEXANDR	LL ROAD RIA, VA 22312					
Current Mailing Address:			New Mailir	New Mailing Address:		
P. O. BOX 1 SPRINGFIE	1288 ELD, VA 22151					
FEI Number: 5	54-0646173	FEI Number Applied For ( ) FEI Nu	mber Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SCHERR, HAROLD E ESQ. 1064 GREENWOOD BLVD. SUITE 328 LAKE MARY, FL 32746 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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent		Date		
Election Cam	paign Financing <sup>-</sup>	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () C GOLDBERG, LES 6446 EDSALL RO ALEXANDRIA, VA	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VS () C LEVY, A. J 6446 EDSALL RO ALEXANDRIA, VA		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VT () C MACKLIN, RUTH 6446 EDSALL RO ALEXANDRIA, VA	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () C FABIAN, MERLE 6446 EDSALL RO ALEXANDRIA, VA	DAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () D BRAHAM, WARR 6446 EDSALL RO ALEXANDRIA, VA	DAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () C CLARK, IRVING 8650 HALLARD C MANASSAS, VA		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DRAGOO, CHERYL A 6446 EDSALL ROAD ALEXANDRIA, VA 22312 US		

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: LESLIE H GOLDBERG PRES 04/23/2009