

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14502

Entity Name: BOWEN FARMS, INC.

FILED  
Mar 25, 2008  
Secretary of State

## Current Principal Place of Business:

1502 LAKEWOOD DR  
BAINBRIDGE, GA 39819 US

## New Principal Place of Business:

## Current Mailing Address:

1502 LAKEWOOD DR  
BAINBRIDGE, GA 39819 US

## New Mailing Address:

FEI Number: 59-2244178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINSON, ALEXANDER L.  
RT 2 BOX 184  
QUINCY, FL 32351 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: STD ( ) Delete  
Name: MAXWELL, JUDITH S  
Address: 1502 LAKEWOOD DRIVE  
City-St-Zip: BAINBRIDGE, GA 39819

Title: PD ( ) Delete  
Name: SMITH, THOMAS B  
Address: 4540 FLATCREEK RD  
City-St-Zip: QUINCY, FL 32351

Title: VPD ( ) Delete  
Name: COFFEL, LOTA G  
Address: 4425 MEANDERING WAY 05312  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: TICE, TILLIE S  
Address: 4922 PARK PHILLIPS COURT  
City-St-Zip: CHARLOTTE, NC 28210

Title: D (X) Delete  
Name: HIGDON, SANDRA S  
Address: P O BOX 13032  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition  
Name: HIGDON, SANDRA S  
Address: P O BOX 13032  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD (X) Change ( ) Addition  
Name: TICE, TILLIE S  
Address: 4922 PARK PHILLIPS COURT  
City-St-Zip: CHARLOTTE, NC 28210

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: JUDITH S. MAXWELL

STD

03/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date