

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G40130

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** BOWEN SALES & SHARPENING SERVICES, INC.

**Current Principal Place of Business:**

3001 E CENTRAL  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 140732  
ORLANDO, FL 328140732

**New Mailing Address:**

**FEI Number:** 59-3050252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWEN, JOHN MICHAEL  
3001 E CENTRAL BLVD  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOWEN, JOHN MICHAEL  
Address: 3001 E CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32803

Title: T  
Name: BOWEN, JOHN M  
Address: 3001 E CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32803

Title: VS  
Name: BOWEN, LYNNE C  
Address: 3001 E CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: LYNNE C. BOWEN

VP

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date