## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90363 008 \*\*\*150.00

DOCUMENT # H21507  1. Entity Name BOWEN CONSTRUCTION CO.										
Principal Place of Business  446 4TH & PALM ST  BOCA GRANDE, FL 33921 US  Mailing Address  P.O. BOX 71  BOCA GRANDE, FL 33921  BOCA GRANDE, FL 33921						1 1851871 8118 1	IBS1 KBB1 B1111 BB111 1881	I BIBIS BIBIS BIBIS BIS		<b>ac</b> i ir <b>180</b> 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252006	Chg-P	CR2E034	(11/05)	
City & State		City & State			4. FEI Number 59-2565			<del> </del>	plied For Applicable	
Zip Country		Zip	Zip Country		5. Certificate of	f Status Desired		.75 Addi Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
BOWEN, BETTELOU 101 DAMIFICARE BOCA GRANDE, FL 33921				Street Address		P.O. Box Number	is Not Acceptable	9)		
BOCA GRANDE, FL 33921					City				Zip Code	
The above named entity submits this statement for the purpose of changin			te register	l	red agent or both	in the State of Ele	FL	<u> </u>		
		tered agent.	for the purpose of changing in	is register	ed differ of register	ed agent, or both	i, iii tile State Of Fic	лов. Тантап	1884Z) WILLI, 6	and accept
SIGNATURE_	Signature, typed	or printed name of registered age	nt and title if applicable. (NC	TE: Registere	rd Agent signature required	) when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.								·		
						.00 May Be led to Fees				;
After Ma	ay 1, 200		D DIRECTORS	ntribution.	□ Ādd	led to Fees	CHANGES TO OFF			
After Ma	PD BOWEN, 101 DAM	OFFICERS AND BRAXTON	Trust Fund Co	11.	Add	led to Fees	CHANGES TO OFF		RECTORS ] Change	S IN 11
10. TIFLE NAME STREET ADDRESS	PD BOWEN, 101 DAM BOCA GF ST BOWEN, 101 DAM	OFFICERS ANI BRAXTON IFICARE RANDE, FL BETTELOU	D DIRECTORS	11. TITL NAM STRICT TITL NAM STRICT TITL NAM STRICT	E EET AODRESS (-SI-ZIP)	led to Fees	CHANGES TO OFF			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation on the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR