

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81661

FILED
Apr 14, 2005
Secretary of State

Entity Name: BOWERS ENTERPRISES, INC.

Current Principal Place of Business:

1204 FOREST CIR
ALTAMONTE SPGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1204 FOREST CIR
ALTAMONTE SPGS, FL 32714

New Mailing Address:

FEI Number: 59-2830458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, CHARLES
1204 FOREST CIRCLE
ALTAMONTE SPGS., FL 32714 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: PD () Delete
Name: BOWERS, CHARLES,
Address: 1204 FOREST CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: BOWERS, KATHY,
Address: 1204 FOREST CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: BOWERS, BRETT
Address: 1204 FOREST CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: NAZARCHYK, JOHN
Address: 1204 FOREST CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: VP (X) Change () Addition
Name: NAZARCHYK, JOHN
Address: 1204 FOREST CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHY A. BOWERS

STD

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date