2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81661

Entity Name: BOWERS ENTERPRISES, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1204 FOREST CIR

ALTAMONTE SPGS, FL 32714

Current Mailing Address: New Mailing Address:

1204 FOREST CIR

ALTAMONTE SPGS, FL 32714

FEI Number: 59-2830458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOWERS, CHARLES
1204 FOREST CIRCLE
BOWERS, CHARLES
1204 FOREST CIRCLE

ALTAMONTE SPGS., FL 32714 US ALTAMONTE SPGS., FL 32714 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.

SIGNATURE: CHARLES BOWERS 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BOWERS, CHARLES
 Name:
 BOWERS, CHARLES

 Address:
 1204 FOREST CIR
 Address:
 1204 FOREST CIR

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 BOWERS, KATHY
 Name:
 BOWERS, KATHY

 Address:
 1204 FOREST CIR
 Address:
 1204 FOREST CIR

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete Title: () Change () Addition

 Name:
 BOWERS, BRETT
 Name:

 Address:
 1204 FOREST CIR
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 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: CHARLES BOWERS PD 04/23/2009