

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K49972

Entity Name: BOWE'S, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5001 WOODFIELD RD  
PLACIDA, FL 33946

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 878  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 65-0094591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWE, HAROLD, J  
311 PALM AVE  
BOCA GRANDE, FL 33921 US

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

BOWE, HAROLD, J  
5001 WOODFIELD RD.  
PLACIDA, FL 33946 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: HAROLD. J. BOWE

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BOWE, HAROLD J  
Address: 5001 WOODFIELD AVENUE - PO BOX 878  
City-St-Zip: PLACIDA, FL 33946

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: HAROLD J. BOWE

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date