


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054975 1. Entity Name BOWEN'S PLUMBING SUPPLIES, LLC	
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Principal Place of Business 2821 N.W. PINE AVE OCALA, FL 34475	Mailing Address 2821 N.W. PINE AVE OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE



01252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0505170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOWEN, MARSHA A 2821 N.W. PINE AVE OCALA, FL 34475
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOWEN, GREGORY A 2821 N.W. PINE AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOWEN, MARSHA A 2821 N.W. PINE AVE OCALA, FL 34475
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marsha Bowen marsha A. Bowen 2/2/05 (352) 629-7916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE Daytime Phone #