## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2008 08:00 All Secretary of State DOCUMENT # M68169 1. Entity Name JACK A. BOWERMAN, P.A. Principal Place of Business Mailing Address 19980 SW 207 AVE 19980 SW 207 AVE MIAMI, FL 33187 US MIAMI, FL 33187 No Chg-P 04072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0047499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWERMAN, JACK A. DO NOT WRITE 19980 SW 207 AVE MIAMI, FL 33187 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000887947 10. OFFICERS AND DIRECTORS 04/21/08-80040-019 150.00 TITLE NAME JACK A. BOWERMAN, PA. INS. 19980 SW 207 AVEN STREET ADORESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME BOWERMAN, KAREN R STREET ADDRESS 19980 SW 207 AVE CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS C(TY-ST-Z)P TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7/P