


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001682	
1. Entity Name BOWLEGS CAMP, INC.	

Principal Place of Business HC 1 BOX 179 HORSESHOE BEACH, FL 32648	Mailing Address HC 1 BOX 179 HORSESHOE BEACH, FL 32648
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06302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3690680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, BLAINE C HC 1 BOX 179 HORSESHOE BEACH, FL 32648

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP ROTENBERGER, RAY 6910 E LEANING OAKS CT INVERNESS, FL 32650
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARRIS, CHARLIE 33 RISHER AVE INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST HARRIS, BLAINE 33 RISHER AVE INGLIS, FL 34449
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07/23/04-80002-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Blaine C. Harris  7-21-04 352-215-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #