

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 021 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 11-3690680				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, BLAINE C HC 1 BOX 179 HORSESHOE BEACH, FL 32648			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME ROTENBERGER, RAY STREET ADDRESS 6910 E LEANING OAKS CT CITY-ST-ZIP INVERNESS, FL 32650	<input checked="" type="checkbox"/> Delete		TITLE DP NAME HURST, WAYNE STREET ADDRESS 2129 SE 55A HWY CITY-ST-ZIP OLD TOWN, FL 32680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HARRIS, CHARLIE STREET ADDRESS HC 1 BOX 179 CITY-ST-ZIP HORSESHOE BEACH, FL 32648	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME HARRIS, BLAINE STREET ADDRESS HC 1 BOX 179 CITY-ST-ZIP HORSESHOE BEACH, FL 32648	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			4-28-08 352-215-4147		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					