



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00
Secretary of State

DOCUMENT # P00000043705 1. Entity Name GARY L. BOWERS INSURANCE, INC.	
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Principal Place of Business 8102-20 BLANDING BLVD. 22 JACKSONVILLE, FL 32244	Mailing Address 8102-20 BLANDING BLVD. 22 JACKSONVILLE, FL 32244
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DO NOT WRITE IN THIS SPACE

	
02072007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3640616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L. SUITE 201, ST. MARK'S PL. 1930 SAN MARCO BLVD. JACKSONVILLE, FL 32207
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, GARY L 8102-22 BLANDING BLVD JACKSONVILLE, FL 32244
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<p>U000000656003 03/14/07-80008-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **2-27-07** **904 777-8776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #