

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000045811

1. Entity Name
BOWLIN ELECTRICAL SERVICES, INC.



Principal Place of Business

**16135 SPERRY LANE
UMATILLA, FL 32784**

Mailing Address

**P.O. BOX 1113
UMATILLA, FL 32784**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3645885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWIGERT, BRETT L P.A.
531 N BAY STREET
EUSTIS, FL 32726**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BOWLIN, WARREN S
STREET ADDRESS	16135 SPERRY LANE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	S
NAME	BOWLIN, SHEILA R
STREET ADDRESS	16135 SPERRY LANE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VP
NAME	BOWLIN, MART Z
STREET ADDRESS	24889 SE 173RD LANE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06 80033-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *W Scott Bowlin* **W Scott Bowlin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 352-267-1574
Date Daytime Phone #