

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070051

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** BOWLES FARRIER SERVICE, INC.

**Current Principal Place of Business:**

1503 PINE ARAIRIE RD  
SARASOTA, FL 34240

**New Principal Place of Business:**

5021 PRESTON WAY  
SARASOTA, FL 34232

**Current Mailing Address:**

1503 PINE ARAIRIE RD  
SARASOTA, FL 34240

**New Mailing Address:**

5021 PRESTON WAY  
SARASOTA, FL 34232

**FEI Number:** 65-1125863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWLES, DAVID W  
1503 PINE PRAIRE RD  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

BOWLES, DAVID W  
5021 PRESTON WAY  
SARASOTA, FL 34232 US

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.

**SIGNATURE:**

04/30/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BOWLES, DAVID W  
Address: 5021 PRESTON WAY  
City-St-Zip: SARASOTA, FL 34232

Title: DVS ( ) Delete  
Name: BOWLES, STACY L  
Address: 5021 PRESTON WAY  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID W BOWLES

DPT

04/30/2007

Electronic Signature of Signing Officer or Director

Date