

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000070051**

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



**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**5021 PRESTON WAY  
SARASOTA, FL 34232**

Mailing Address  
**5021 PRESTON WAY  
SARASOTA, FL 34232**



07312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1125863</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	BOWLES, DAVID W
STREET ADDRESS	5021 PRESTON WAY
CITY- ST- ZIP	SARASOTA, FL 34232
TITLE	DVS
NAME	BOWLES, STACY L
STREET ADDRESS	5021 PRESTON WAY
CITY- ST- ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000959111  
09/05/08-80003-001 158.75

**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:** \_\_\_\_\_ 9/1/08 941-809-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #