

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90055 043 \*\*\*150.00

**DOCUMENT # P02000008052**

1. Entity Name  
**BOWERS HEAT & AIR, INC.**



Principal Place of Business  
**PO BOX 1970  
DUNNELLON, FL 34430**

Mailing Address  
**PO BOX 1970  
DUNNELLON, FL 34430**

2. Principal Place of Business  
**19378 Saint George Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1970**  
Suite, Apt. #, etc.

City & State  
**Dunnellon, FL**

City & State  
**Dunnellon, FL**

4. FEI Number  
**01-0596754**

Applied For  
☐ Not Applicable

Zip  
**34432**

Country  
**US**

Zip  
**34430**

Country  
**US**

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

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

**BOWERS, CARA  
19378 ST GEORGE DR.  
DUNNELLON, FL 34432**

**7. Name and Address of New Registered Agent**

Name  
**BOWERS, Cara**

Street Address (P.O. Box Number is Not Acceptable)  
**19378 Saint George Dr.**

City  
**Dunnellon**

FL

Zip Code  
**34432**

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 **Cara Bowers, V.P.** **Cara Bowers V.P.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/10/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE ☒ ☐ Delete  
NAME **BOWERS, TERRY T**  
STREET ADDRESS **19378 ST. GEORGE DR.**  
CITY - ST - ZIP **DUNNELLON, FL 34432**

TITLE ☒ ☐ Delete  
NAME **BOWERS, CARA**  
STREET ADDRESS **19378 ST GEORGE DR.**  
CITY - ST - ZIP **DUNNELLON, FL 34432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **Officer**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME **Officer**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am not a disqualified person as defined in Chapter 607, Florida Statutes, or on an attachment with an address with the corporation.