

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 023 ***150.00

DOCUMENT # P02000008052 1. Entity Name BOWERS HEAT & AIR, INC.					
Principal Place of Business 19240 E PENNSYLVANIA AVE DUNNELLON, FL 34432			Mailing Address PO BOX 1970 DUNNELLON, FL 34430		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0596754	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Cara Bowers Street Address (P.O. Box Number is Not Acceptable) 4490 W. Dunnellon Rd. City Dunnellon, FL Zip Code 34433	
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 <u><i>Cara Bowers</i></u> <u><i>Cara Bowers, V. President</i></u> <u><i>3/26/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOWERS, TERRY T <input type="checkbox"/> Delete 19378 ST. GEORGE DR. 4490 W. Dunnellon Rd DUNNELLON, FL 34432- 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PR BOWERS, CARA <input type="checkbox"/> Delete 19378 ST GEORGE DR. 4490 W. Dunnellon Rd DUNNELLON, FL 34432- 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Terry T. Bowers</i></u> <u><i>Terry T. Bowers</i></u> <u><i>3/26/07</i></u> <u><i>(352) 489-3914</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			President		