


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051482
 1. Entity Name
BOWERS APPRAISAL SERVICES INC.



Principal Place of Business Mailing Address
 15024 LYNEBURG AVE 15024 LYNEBURG AVE
 PORT CHARLOTTE, FL 33981 PORT CHARLOTTE, FL 33981

DO NOT WRITE IN THIS SPACE



07182004 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0523144	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOWERS, JOAN
 15024 LYNEBURG AVE
 PORT CHARLOTTE, FL 33981

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 3, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWERS, JOAN 15024 LYNEBURG AVE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWERS, WILLIAM S 15024 LYNEBURG AVE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Jean M. Bowers JOAN M. Bowers 7/19/2004 941-828-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone