

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90013 024 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P02000063026</b><br>1. Entity Name<br><b>BOWDEN'S EXCAVATION INC.</b>  |  |   |   |
| Principal Place of Business<br><b>809 N. REGENT CIR.<br/>BRANDON, FL 33511</b>   |  | Mailing Address<br><b>809 N. REGENT CIR.<br/>BRANDON, FL 33511</b>  |   |
| 2. Principal Place of Business<br><b>10422 Boyette Creek Blvd.</b>   |  | 3. Mailing Address<br><b>10422 Boyette Creek Blvd.</b>  |   |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>   |   |
| City & State<br><b>Riverview, FL</b>   |  | City & State<br><b>Riverview, FL</b>  |   |
| Zip<br><b>33569</b>  |  | Zip<br><b>33569</b>   |   |
| Country<br>  |  | Country<br>   |   |
| 4. FEI Number<br><b>03-0462383</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BOWDEN, ROD<br/>809 N. REGENT CIR.<br/>BRANDON, FL 33511</b>   |  | 7. Name and Address of New Registered Agent:<br>Name <b>Bowden Rod</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>10422 Boyette Creek Blvd</b><br>City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</b> |   |
| 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.<br>SIGNATURE <u><i>Cassie Bowden</i></u> <span style="float: right;">6/2/06</span><br><small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>BOWDEN, ROD</b><br><b>809 N. REGENT CIR.</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Bowden, Rod</b><br><b>10422 Boyette Creek Blvd</b><br><b>Riverview, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>BOWDEN, CASSIE</b><br><b>809 N. REGENT CIR.</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Bowden, Cassie</b><br><b>10422 Boyette Creek Blvd</b><br><b>Riverview, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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>Cassie Bowden</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <u>6/2/06</u> <span style="float: right;">813<br/>689-4700</span><br><small>Daytime Phone #</small>  |   |