

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083473

Entity Name: BEN MOWRY, INC.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

2315 TRUMAN AVENUE
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

2315 TRUMAN AVENUE
ALVA, FL 33920

New Mailing Address:

FEI Number: 76-0706633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, ROBERT L
23 COLORADO ROAD
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

BOWERS, ROBERT L
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: ROBERT BOWERS

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOWRY, BEN
Address: 2315 TRUMAN AVENUE
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: MOWRY, SUSAN
Address: 2315 TRUMAN AVENUE
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: CONLIN, JEFF A
Address: 5209 BYWOOD ST.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN MOWRY

PD

03/29/2004

Electronic Signature of Signing Officer or Director

Date