

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P03000132682

1. Entity Name
RICHARD FOWLER CONSTRUCTION, INC.



Principal Place of Business
**12875 N.W. MYERS ANN STREET
BRISTOL, FL 32321**

Mailing Address
**P O BOX 535
BRISTOL, FL 32321**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0499318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOWLER, RICHARD
12875 N.W. MYERS ANN STREET
BRISTOL, FL 32321**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

-000000749941
05/18/07-80042-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FOWLER, RICHARD
STREET ADDRESS	12875 N.W. MYERS ANN STREET
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	P
NAME	FOWLER, RICHARD
STREET ADDRESS	12875 N.W. MYERS ANN STREET
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	VP
NAME	FOWLER, KIM
STREET ADDRESS	12875 N.W. MYERS ANN STREET
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	S
NAME	FOWLER, KIM
STREET ADDRESS	12875 N.W. MYERS ANN STREET
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Kim Fowler* **Kim Fowler** **4/23/07** **850-643-5175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #