2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000139046

1. Entity Name
BOWTIE SPECIALTY SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 357806 GAINESVILLE, FL 32635	P.O. BOX 357806 GAINESVILLE, FL 32635

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0392882

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAURER, JEROME R JR
5600 NW 33RD STREET
GAINESVILLE, FL 32653

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAURER, JEROME R JR
STREET ADDRESS	P.O. BOX 357806
CITY-ST-ZIP	GAINESVILLE, FL 32635
TITLE	S
NAME	MAURER, JEROME R JR
STREET ADDRESS	P.O. BOX 357806
CITY-ST-ZIP	GAINESVILLE, FL 32635
TITLE	DIR
NAME	MAURER, JEROME R JR
STREET ADDRESS	P.O. BOX 357806
CITY-ST-ZIP	GAINESVILLE, FL 32635
TITLE	DIR
NAME	MAURER, SARAH WATERS
STREET ADDRESS	P.O. BOX 357806
CITY-ST-ZIP	GAINESVILLE, FL 32635
TITLE	VP
NAME	MAURER, SARAH W
STREET ADDRESS	PO BOX 357806
CITY-ST-ZIP	GAINESVILLE, FL 32635
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UUUUU5595[illegible]
05/15/06-80003-004 150.00

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UUUUU559525
05/18/06-80003-002 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #