

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 007 ***150.00

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1. Entity Name

BOWTIE SPECIALTY SERVICES, INC.



Principal Place of Business

**P.O. BOX 357806
GAINESVILLE, FL 32635**

Mailing Address

**P.O. BOX 357806
GAINESVILLE, FL 32635**



04232007

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

DO NOT WRITE IN THIS SPACE

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, 2007 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

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07