


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000139046</b> 1. Entity Name <b>BOWTIE SPECIALTY SERVICES, INC.</b>	
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Principal Place of Business P.O. BOX 357806 GAINESVILLE, FL 32635	Mailing Address P.O. BOX 357806 GAINESVILLE, FL 32635
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0392882	Applied For 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  
  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000940011 05/28/08-80050-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAURER, JEROME R JR P.O. BOX 357806 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAURER, JEROME R JR P.O. BOX 357806 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, JEROME R JR P.O. BOX 357806 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, SARAH WATERS P.O. BOX 357806 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAURER, SARAH W PO BOX 357806 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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:** \_\_\_\_\_ **4/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #