


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 037 ***150.00

DOCUMENT # P03000141622 1. Entity Name GARY BOWERS INC.			
Principal Place of Business 6961 BAYFRONT ROAD COCOA, FL 32927		Mailing Address 6961 BAYFRONT ROAD COCOA, FL 32927	
2. Principal Place of Business 5960 Gilson Ave Suite, Apt. #, etc.		3. Mailing Address 5960 Gilson Ave Suite, Apt. #, etc.	
City & State Cocoa FL Zip 32927-8129		City & State Cocoa FL Zip 32927-8129	
Country		Country	
4. FEI Number 30-0220731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWERS, GARY 6961 BAYFRONT ROAD COCOA, FL 32927		7. Name and Address of New Registered Agent Name GARY BOWERS Street Address (P.O. Box Number is Not Acceptable) 5960 Gilson Ave City Cocoa FL Zip Code 32927-8129	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME BOWERS, GARY F STREET ADDRESS 6961 BAYFRONT ROAD CITY-ST-ZIP COCOA, FL 32927	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 5960 Gilson Ave STREET ADDRESS Cocoa, FL 32927-8129 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME BOWERS, LEONA M STREET ADDRESS 6961 BAYFRONT ROAD CITY-ST-ZIP COCOA, FL 32927	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 5960 Gilson Ave STREET ADDRESS Cocoa, FL 32927-8129 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Leona Bowers</u> LEONA BOWERS 1-10-06 321-639-5619 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			