


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90256 040 ***150.00

DOCUMENT # P04000007573	
1. Entity Name T BOWLEG CONSTRUCTION CORP.	

Principal Place of Business 4025 SW 152ND AVENUE MIRAMAR, FL 33027	Mailing Address 4025 SW 152ND AVENUE MIRAMAR, FL 33027
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20044911



2. Principal Place of Business 16200 NW 26 Ave	3. Mailing Address 16200 NW 26 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302005 Chg-P CR2E034 (10/03)

City & State OPA LOCKA FL	City & State OPA LOCKA FL
Zip 33056	Zip 33056
Country USA	Country

4. FEI Number 57-1197848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWLEG, THOMAS E 4025 SW 152ND AVENUE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name THOMAS E BOWLEG Street Address (P.O. Box Number is Not Acceptable) 16200 NW 26 Ave City OPA LOCKA FL Zip Code 33056	
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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 Thomas E Bowleg <small>Signature, typed or printed name of registered agent and title if applicable. 1</small>	DATE JAN 29th 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWLEG, THOMAS E POST OFFICE BOX 69-3934 MIAMI, FL 33269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas E Bowleg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Jan 29th 2005 <small>Daytime Phone #</small>