

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000053Q72

1. Entity Name
BOWGUNS, INC.



Principal Place of Business
12289 PEMBROKE RD STE 99
PEMBROKE PINES, FL 33025

Mailing Address
12289 PEMBROKE RD STE 99
PEMBROKE PINES, FL 33025

DO NOT WRITE IN THIS SPACE

FILED
Sep 05, 2008 08:00 AM
Secretary of State



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3155109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEARWOOD, STANLEY B
12289 PEMBROKE RD STE 99
PEMBROKE PINES, FL 33025

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YEARWOOD, STANLEY B
STREET ADDRESS	4480 SW 153 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	YEARWOOD, CYNTHIA L
STREET ADDRESS	4480 SW 153 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	PD
NAME	YEARWOOD, STANLEY B
STREET ADDRESS	4480 SW 153RD AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VPD
NAME	YEARWOOD, DWIGHT
STREET ADDRESS	4480 SW 153RD AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959161
09/05/08-80006-008 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-08

Date

754-204-6461

Daytime Phone #