2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2007 08:00 A DOCUMENT # P04000061320 **Secretary of State** 1. Entity Namo BOW TIE INDUSTRIES, INC. Principal Place of Business Mailing Address 1714 BIKINI COURT #205 1714 BIKINI COURT #205 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, otc. Suito, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 55-0863847 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIELGOSZ, JOHN 1714 BIKINI COURT #205 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 Zip Code 8. The above named entity submits this statement 🕢 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 ag 28 FEB0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE/NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1-2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Detete IIILE Change WIELGOSZ, JOHN NAMI^{*} NAME U00000654150 03/13/07-80050-014 158.75 1714 BIKINI COURT #205 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP City-SI-7IP ☐ Change Addikon 11TLE Delete TITLE WIELGOSZ, KRISTIN NAME NAME 1714 BIKINI COURT #205 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete IIILE THE ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ШЕ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28FEBOT

234-333-9156

FILED