

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000061320

**Entity Name:** BOW TIE INDUSTRIES, INC.

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1714 BIKINI COURT #205  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1714 BIKINI COURT #205  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 55-0863847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WIELGOSZ, JOHN  
1714 BIKINI COURT #205  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WIELGOSZ, JOHN  
Address: 1714 BIKINI COURT #205  
City-St-Zip: CAPE CORAL, FL 33904

Title: V  
Name: WIELGOSZ, KRISTIN  
Address: 1714 BIKINI COURT #205  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN WIELGOSZ

PRES

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date