

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90048 043 \*\*\*158.75

<b>DOCUMENT # P04000103401</b> 1. Entity Name <b>BOWERS CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408</b>			Mailing Address <b>335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408</b>		
<b>3101 W. Hwy 98</b> 2. Principal Place of Business			<b>3101 W. Hwy 98</b> 3. Mailing Address		
Suite, Apt. #, etc. <b>Panama City FL</b> City & State			Suite, Apt. #, etc. <b>Panama City FL</b> City & State		
<b>32401 Bay</b> Zip		<b>32401 Bay</b> Zip		4. FEI Number <b>80-0117953</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BOWERS, BRIAN K</b> <b>335 HIDDEN ISLAND DR.</b> <b>PANAMA CITY, FL 32408</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERS, BRIAN K 335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408		<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
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
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.					
<b>SIGNATURE:</b> <i>Brian K Bowers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-11-05 850-747-1474 <small>Date Daytime Phone #</small>		

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