

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUMENT # P04000103401			
1. Entity Name BOWERS CONSTRUCTION SERVICES, INC.			
Principal Place of Business 335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408		Mailing Address 335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408	
3101 W. Hwy 98		3101 W. Hwy 98	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Panama City FL		Suite, Apt. #, etc. Panama City FL	
City & State 32401 Bay		City & State 32401 Bay	
Zip Country		Zip Country	
06302005		Chg-P	
CR2E034 (10/03)		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 80-0117953		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOWERS, BRIAN K 335 HIDDEN ISLAND DR. PANAMA CITY, FL 32408		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: <u>Brian K Bowers</u>		Date: <u>7-11-05</u> Daytime Phone #: <u>850-747-1474</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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