

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000160623**

1. Entity Name

SOWERS AND ASSOCIATES, P. A.



Principal Place of Business

101 LOQUAT ROAD NORTHWEST  
LAKE PLACID, FL 33852

Mailing Address

101 LOQUAT ROAD NORTHWEST  
LAKE PLACID, FL 33852



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3315547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SOWERS, WILLIAM C  
101 LOQUAT ROAD NORTHWEST  
LAKE PLACID, FL 33852

**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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SOWERS, WILLIAM C
STREET ADDRESS	101 LOQUAT ROAD NORTHWEST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	SOWERS, MELISA G
STREET ADDRESS	101 LOQUAT ROAD NORTHWEST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S
NAME	SOWERS, MELISA G
STREET ADDRESS	101 LOQUAT ROAD NORTHWEST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	T
NAME	SOWERS, MELISA G
STREET ADDRESS	101 LOQUAT ROAD NORTHWEST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000723185  
05/02/07-80061-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/18/07

8634140733