
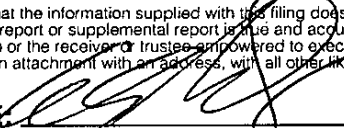


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90059 007 \*\*\*150.00

<b>DOCUMENT # P04000164792</b> 1. Entity Name <b>D R W BOWLING, INC.</b>			
Principal Place of Business <b>10850 HARTS RD JACKSONVILLE, FL 32218</b>		Mailing Address <b>10850 HARTS RD JACKSONVILLE, FL 32218</b>	
2. Principal Place of Business <b>5727 Knollwood Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>5727 Knollwood Dr</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE FL</b> Zip <b>32244</b> Country		City & State <b>JACKSONVILLE, FL</b> Zip <b>32244</b> Country	
4. FEI Number <b>20-1991908</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ROMEDY, WALTER E 5727 KNOLLWOOD DR JACKSONVILLE, FL 32244</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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 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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P TAYLOR, DAVE 10850 HARTS RD JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP JOHNSON, RAYMOND JR 10850 HARTS RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE	<b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>Johnson, Raymond Jr</b>
STREET ADDRESS		STREET ADDRESS	<b>9322 Sisson Dr</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>
TITLE	ST ROMEDY, WALTER E 10850 HARTS RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>5727 Knollwood Dr</b>
STREET ADDRESS		STREET ADDRESS	<b>JACKSONVILLE, FL 32244</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>8-17-05</b> <small>Date Daytime Phone #</small>	

**50062594**

