


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-03-2008 90193 050 ***150.00

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| | |
|--|---|
| DOCUMENT # P05000036493 1. Entity Name SIDNEY BOWERS & SON INC |  |
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|---|---|
| Principal Place of Business 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 | Mailing Address 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 |
|---|---|

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 20-2463685 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOWERS, SIDNEY 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 |
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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.

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|---|--|------|
| SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES BOWERS, SIDNEY 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC BOWERS, SIDNEY 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOWERS, MICHAEL 2848 DELLWOOD AVENUE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  | 03-25-08 | 904-219-9263 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |