

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-25-2006 90112 020 ***150.00

DOCUMENT # P05000070857 1. Entity Name SOWERS MANUFACTURING, INC.																																																																																																			
Principal Place of Business 600 E. TARPON AVENUE TARPON SPRINGS, FL 34689		Mailing Address 600 E. TARPON AVENUE TARPON SPRINGS, FL 34689																																																																																																	
2. Principal Place of Business 12026 BEMONT AVE		3. Mailing Address 12026 BEMONT AVE																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																	
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Zip 34654	Country USA - FLA	Zip 34654	Country USA - FLA																																																																																																
6. Name and Address of Current Registered Agent VENDITTI, RICHARD A 600 E. TARPON AVENUE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SOWERS, KIRK F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12026 BEMONT AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEWPORT RICHEY, FL 34654</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SOWERS, MARY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12026 BEMONT AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEWPORT RICHEY, FL 34654</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SOWERS, BUDD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8724 LAFITTE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HUDSON, FL 34667</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	D	☐ Delete	NAME	SOWERS, KIRK F		STREET ADDRESS	12026 BEMONT AVENUE		CITY - ST - ZIP	NEWPORT RICHEY, FL 34654		TITLE	D	☐ Delete	NAME	SOWERS, MARY E		STREET ADDRESS	12026 BEMONT AVENUE		CITY - ST - ZIP	NEWPORT RICHEY, FL 34654		TITLE	D	☐ Delete	NAME	SOWERS, BUDD L		STREET ADDRESS	8724 LAFITTE DRIVE		CITY - ST - ZIP	HUDSON, FL 34667		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 4/21/06 Daytime Phone #																																																																																																	

66015952



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2818830

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required