2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI						Secretary of State			
DOCUMENT # P05000080301 1. Entity Name BOWERS INSPECTIONS, INC.							90017 030 ***150.		
Principal Place of Business 202 WATERS EDGE DRIVE LEESBURG, FL 34748		Mailing Address - 202 WATERS EDGE DRIVE LEESBURG, FL 34748		1 1021102	11 - 1 111 - 1 111 - 11 11 - 11 11 - 1	. 10 . 12 . 13 . 13 . 14 . 15 . 16 . 16 . 16 . 16 . 16 . 16 . 16	SIT SI II I S S I		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062006	Chg-P	CR2E034 (11/05)			
City & State		City & State			4. FEI Num	per	 j	oplied For of Applicable	
Zip Country		Zip	Count	ry 	5. Certificat	e of Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name				
	BRIEN RS EDGE DRIVE G, FL 34748			Street Addr	ess (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
		ŀ	City		<u></u> -	FL Zip Coo	9		
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									
					\$5.00 May Be Added to Fees		with s. 607.193(2)(b), d not receive the prior		
10.			11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BOWERS, BRIEN 202 WATERS EDGE DRIVE			1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S			T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delicte						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	

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: 15 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Department Phone a