2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138029 1. Entity Name

STEVEN BOWSER, INC.



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

10097 CLEARY BLVD **SUITE #350**

FORT LAUDERDALE, FL 33324

Mailing Address

10097 CLEARY BLVD **SUITE #350**

FORT LAUDERDALE, FL 33324



02112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 68-0615417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LANDER, STEVEN

315 SOUTHEAST 7 STREET FORT LAUDERDALE, FL 33301			IN THIS SPACE			
	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or i	egistered agent, or b	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable (NOTE, Registered	i Agent signaturi	required when reinstating}	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS .			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWSER, STEVEN G 10097 CLEARY BLVD SUITE #350 FORT LAUDERDALE, FL 33324		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000634878 02/22/07-80030-004 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS				IN	THIS SPACE	

12. I hereby certify that the information symplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further or 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear changed, or on an attachment v

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR