


FILED

07 SEP 10 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000002504			
1. Entity Name NANCY R. BOWDISH P.A.			
Principal Place of Business 8330 S. PERIWINKLE HOMOSASSA, FL 34446 US		Mailing Address 8330 S. PERIWINKLE HOMOSASSA, FL 34446 US	
2. Principal Place of Business - No P.O. Box # 8330 W PERIWINKLE LN		3. Mailing Address 8330 W PERIWINKLE LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMOSASSA, FL		City & State HOMOSASSA, FL	
Zip 34446		Zip 34446	
Country		Country	
4. FEI Number 20-4067792		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWDISH, NANCY R 8330 S. PERIWINKLE HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent Name: NANCY R BOWDISH Street Address (P.O. Box Number is Not Acceptable) 8330 W PERIWINKLE LN City: HOMOSASSA FL Zip Code: 34446	
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: <u>Nancy R Bowdish</u> DATE: <u>8/9/07</u> <small>Signature of person or persons in charge of registered agent and fee is applicable (NOTE: Registered Agent signature required when removing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BOWDISH, NANCY R 8330 S. PERIWINKLE HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	8330 W PERIWINKLE LN HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD FREEDMAN, JACOB 8330 S. PERIWINKLE HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	8330 W PERIWINKLE LN HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Nancy R Bowdish</u>		Date: <u>8/10/07</u>	

Document corrected per Nancy Bowdish. ps

FROM :

FAX NO. :

Jul. 27 2006 12:20AM P1

202

LIBERTY CONSULTING SERVICE INC  
P.O. BOX 189  
LECANTO, FL. 34460

TO : FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 8700  
TALLAHASSEE, FL. 32314

JULY 12 2007

SUBJECT ; NANCY R BOWDISH, PA  
8330 W PERIWINKLE LN  
HOMOSASSA, FL. 34446


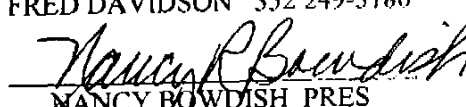
DOCUMENT NUMBER ; P06000002504

ENCLOSED YOU WILL FIND A CHECK IN THE  
AMOUNT OF \$ 150.00 FOR THE CORPORATE ANNUAL RENEWAL FEE.  
MRS. BOWDISH IS THE ONLY OFFICER AND SHAREHOLDER.

SHE IS REASONABLY SURE THE NOTICE WAS  
NEVER RECEIVED. THIS IS THE FIRST CORPORATE YEAR AND THEY WERE  
NOT ADVISED THAT THEY WOULD BE PAYING AN ANNUAL RENEWAL FEE.  
THEY PAY EVERYTHING IN A TIMELY MANNER AND WILL TAKE CARE OF  
THE ISSUE IMMEDIATELY NEXT YEAR.

AS SUCH WE RESPECTIVELY REQUEST THE  
WAIVER OF THE \$ 400.00 PENALTY.

THANK YOU FOR YOUR HELP AND CONSIDERATION

  
FRED DAVIDSON 352 249-3180  
  
NANCY BOWDISH PRES