

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-28-2008 90010 025 ***150.00

DOCUMENT # P07000075023 1. Entity Name BOWYER LAND SURVEYING, INC.			
Principal Place of Business 264 MOHAWK ROAD CLERMONT, FL 34711		Mailing Address 264 MOHAWK ROAD CLERMONT, FL 34711	
2. Principal Place of Business - No P.O. Box # 240 MOHAWK ROAD Suite, Apt. #, etc.		3. Mailing Address 240 MOHAWK RD Suite, Apt. #, etc.	
City & State CLERMONT, FL Zip 34711		City & State CLERMONT, FL Zip 34711	
Country U.S.A.		Country U.S.A.	
4. FEI Number 26-0450405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWYER, ROBERT E 4460 N.W. 19TH WAY OAKLAND PARK, FL 33309		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: DATE: 04/28/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BOWYER, ROBERT E STREET ADDRESS 4460 N.W. 19TH WAY CITY-ST-ZIP OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 04/28/08 754.214.1471	

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