## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: DANIEL J. BOWNAN - D.J (T.

## Secretary of State DOCUMENT # P93000015763 07-10-2006 90031 012 \*\*\*150.00 BOWMAN'S PROPERTY MAINTENANCE INC. Principal Place of Business Mailing Address 4000000 9300 WILES RD 9300 WILES RD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0395593 Not Applicable Country Zip Country \$8.7.5 Additional-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, STEVEN P CPA Street Address (P.O. Box Number is Not Acceptable) 300 S PINE ISLAND RD STE 110 FORT LAUDERDALE, FL 33324 City 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. 07/05/2006 SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE ☐ Change TITLE BOWMAN, DANIEL J NAME NAME 9677 NW 1 PL STREET ADDRESS STREET ADDRESS City-St-7IP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE BOWMAN, JOANNE S NAME NAME 9677 NW 1ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED Jul 10, 2006 8:00 am