

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 013 ***558.75

DOCUMENT # P94000002488

1. Entity Name
ROWLSON & COMPANY, P.A.



40122088



Principal Place of Business
**14055 RIVEREDGE DRIVE
SUITE 140
TAMPA, FL 33637 US**

Mailing Address
**14055 RIVEREDGE DRIVE
SUITE 140
TAMPA, FL 33637 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3208351

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWLSON, MICHAEL D
14055 RIVEREDGE DR
STE 140
TAMPA, FL 33637**

Name
Rodi C. Bowen

Street Address (P.O. Box Number is Not Acceptable)

14055 Riveredge Drive, Ste. 140

City

Tampa

FL

Zip Code
33637

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 *Rodi C. Bowen*

6/20/2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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-ST-ZIP
**PSTD
ROWLSON, MICHAEL D
12501 RAIN FOREST STREET
TEMPLE TERRACE, FL 33617** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Rodi C. Bowen
14055 Riveredge Drive, Ste. 140
Tampa, FL 33637** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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: *Rodi C. Bowen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodi C. Bowen, President

6/20/2007
Date

#334219
Daytime Phone #