

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90002 011 \*\*\*150.00

**DOCUMENT # P94000026303**

1. Entity Name  
**BOWEN BUILDING COMPANY, INC.**



Principal Place of Business  
**1236 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US**

Mailing Address  
**1236 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US**

**50002340**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3240718**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LUNDBERG, GREGORY J  
2920 TREVI CT  
KISSIMMEE, FL 34746**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

**1/12/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
LUNDBERG, GREGORY J  
2920 TREVI CT  
KISSIMMEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LUNDBERG, JEFFREY D  
273 CHADWORTH DRIVE  
KISSIMMEE, FL 34758**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LUNDBERG, RICKY R  
4841 HICKORY TREE ROAD  
SAINT CLOUD, FL 34772**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/05**  
Date

Daytime Phone #