2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058478

1. Entity Name --
FRED T. BOWMAN, INC.

Principal Place of Business	Mailing Address
11901 KENT GROVE DR SPRINGHILL, FL 34610 US	11901 KENT GROVE DR SPRINGHILL, FL 34610 US

DO NOT WRITE IN THIS SPACE

02072008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3260056	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, FRED T
11901 KENT GROVE DR
BROOKSVILLE, FL 34610

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000899302
04/28/08-80033-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTV
NAME	BOWMAN, FRED T
STREET ADDRESS	11901 KENT GROVE DRIVE
CITY-ST-ZIP	SPRINGHILL, FL 34610

TITLE	D
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Fred J. Bowman_ - FRED T. BOWMAN, PResident   4-14-08   813 713-5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #