

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90022 045 ***150.00

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1. Entity Name
EBOWE SERVICES, INC



Principal Place of Business Mailing Address
8762 NW 75TH COURT 347 N. NEW RIVER DRIVE EAST
TAMARAC, FL 33321 US RIVER DRIVE #2102
EAST #2102 FT. LAUDERDALE, FL 33301
FT. LAUDERDALE, FL 33301

50005180



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0543126 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BOWE, JOHN
8762 NW 75TH COURT 347 N. NEW RIVER DR. EAST
TAMARAC, FL 33321 #2102
FT. LAUDERDALE, FL 33301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWE, JOHN
STREET ADDRESS 8762 NW 75TH COURT 347 N. NEW RIVER DR. EAST
CITY - ST - ZIP TAMARAC, FL 33321 #2102 FT. LAUDERDALE, FL 33301

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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: John Bowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #