2006 EOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State

DOCUMENT # P95000093935 1. Entity Name VIRGINIA LOWE BOWEN, P.A.						Secreta	ary of Sta	ate	
Principal Place of Business Mailing Address PO 80X 50587 PO BOX 50587 JACKSONVILLE BEACH, FL 32240 JACKSONVILLE BEACH,			H, FL 322	240) (BEO)(Bio 140)		M 281/2 (E/22 11/2 12/22 11/2	1 Bookent in 1886	
Z. Principal f	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008	Chg-P	CR2E034 (11/05	5)	
City & State		City & State			4. FEI Number 59-33482	; 2 37		Applied For Not Applicable	
Zip	Country	Zip Count		ntry	5. Certificate of	Status Desired	\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New R	legistered Agent		
BOWEN, VIRGINIA L 155 CRANE'S LAKE DRIVE PONTE VEDRA BEACH, FL 32082					Street Address (P.O. Box Number is Not Acceptable)				
PONTEVI	EDRA BEACH, FL 32062			City		•	E	vte	
The above named entity submits this statement for the purpose of changing its registers.				<u> </u>			FL		
	rianted entity submits this statement i flons of registered agent.	or the purpose of changing i	is regisier	ea driice or register	ed agem, or bom,	, the State of Fig.	inda. Tam taminat wit	n, and accept	
SIGNATURE Signature, typed or printed name of registrated egent and title if applicable. (INDTE Registered Agent signature required when reinstating) OATE									
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees	· · · · · · · · · · · · · · · · · · ·			
10.	OFFICERS AND		11.		ADDITIONS/CI	IANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME STREET ADDRESS	PSTD BOWEN, VIRGINIA L 155 CRANE'S LAKE DRIVE	- ☐ Delete	TITU NAM STRE	1		t war	☐ Change	e ∏ Addition	
CITY-ST-ZIP				-ST-ZIP		- 04/22/ - 04/22/)000497094 <u>/06-</u> 80040-0:	13 150.0	
TITLE		☐ Delete	TITLE	l l)	☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP		•			
TITLE	-	☐ Dalete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				et audress -st-zip					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP					
TATLE		☐ Delete	TITLE	3			☐ Change	☐ Addition	
Name Street Address City-St-2ip			•	et address -st-zip					
TITLE		☐ Delete	DYLE	1			☐ Change	☐ Addition	
name Street address			nami Stre	ET ADORESS				}	
CRY-ST-ZIP CRY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not quality for the exemption					m Chapter 148 5	orida Statutan 1	further and the that the	information	
1Z. I DOTODY C	ermy mar me illidimation supplied will	n nus ming aces not availly l	ioi inė ext	מפתומת contained	in Unapter 119, F	unda Statutes.	infruct count may the	mormanon	

12. Increase entiry that the information supplied with this filling does not quality for the exemptions contained in Unapter 119, Honda Statutes, I jurified certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same logal effoct as if made under eath; 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 eadress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOWN DOWN DOWN

06 904.285.4884