2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010806

1. Entity Name

FRED BOWIE EQUIPMENT SPECIALIST, INC.



Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4455 GREENWOOD STABLES ROAD SARASOTA, FL 34235

4455 GREENWOOD STABLES ROAD SARASOTA, FL 34235

FILED Jul 07, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR

CR2E034 (10/03)

4. FEI Number 65-0640608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINICKE, STEPAHANIE A 1800 SECOND ST STE 803 SARASOTA, FL 34236

SIGNATURE: Tug

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ons of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titll	e if applicable. (NOTE: Registere	d Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campalgn Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS	I		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P BOWIE, FRED W 4455 GREENWOOD STABLES RD SARASOTA, FL 34235				U00000163625 07/07/04-80010-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the co-	certify that the information supplied with this I on this report or supplemental report is tru- rporation or the receiver or trustee empowe, , or on an attachment with pan address, with	sfiling does not qualify for the exi- e and accurate and that my signs red to execute this report as requ all other like empowered.	emption state ature shall ha uired by Cha	ed in Section 119.07(3 ave the same legal effe pter 607, Florida Statu)(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if