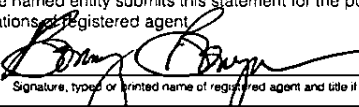
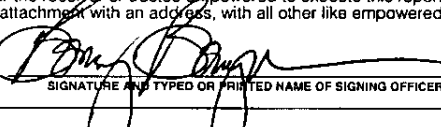


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90054 050 ***150.00

DOCUMENT # P97000051801					
1. Entity Name BOWYER & MCCULLOUGH, P.A.					
Principal Place of Business 2310 S. BAY ST. EUSTIS, FL 32726			Mailing Address 2310 S. BAY ST. EUSTIS, FL 32726		
2. Principal Place of Business 264 Monhawk Rd		3. Mailing Address 264 Monhawk Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clermont, FL		City & State Clermont, FL		4. FEI Number 59-3454152	
Zip 34711		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWYER, BONNY 15705 ARABIAN WAY MONTVERDE, FL 34756			7. Name and Address of New Registered Agent Name: Bowyer, Bonny Street Address (P.O. Box Number is Not Acceptable): 264 Monhawk Rd. City: Clermont FL Zip Code: 34711		
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: 		Bonny Bowyer, Pres.		2/27/05	
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME BOWYER, BONNY			NAME		
STREET ADDRESS 15705 ARABIAN WAY			STREET ADDRESS		
CITY-ST-ZIP MONTVERDE, FL 34756			CITY-ST-ZIP		
TITLE DS	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME MCCULLOUGH, R. SCOTT			NAME		
STREET ADDRESS 1150 GROVE AVE.			STREET ADDRESS		
CITY-ST-ZIP MOUNT DORA, FL 32757			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Bonny Bowyer President		2/27/05 352-243-1238	
(NOTE: Registered Agent signature required when reinstating)		DATE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			