2008 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # P97000059558

1. Entity Name

BOWMAN DIVING CORPORATION



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

4407 123ND ST CT W CORTEZ, FL 34215

Mailing Address

PO BOX 66 CORTEZ, FL 34215



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04022008

Applied For 4. FEI Number 65-0766019 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

YETTER, DONALD W P.A.

1111 - 9TH AVE. WEST SUITE B BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

			. * .					
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the Stat	e of Florida. I am fa	imiliar with, and accept	
SIGNATURE.								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			Agent signature required when reinstating)		DATE			
FIL After M	£ NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000 05/06/	1000908253 108-80021-0)24 158.75	
10.	OFFICERS AND DIREC	TORS	1.4	* 1 . C. E. B. D	L 1979 1974	STATE OF THE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, GREY D JR 4407 - 123RD ST CT W CORTEZ, FL 34215							
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 in in its angle of the interest of the inte	THIS	SPACE	Andrews Angel	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					大概的 1908年 2008年			

12. I hereby certify that the information supplied with this filling 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: __

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR