

2004 FOR PROFIT CORPORATE ANNUAL REPORT (AR)

DOCUMENT # P97000089597

1. Entity Name

BOWMURAI INTERNATIONAL, INC.



FILED
04 DEC 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
25440 STATE ROAD 70
MYAKKA CITY FL 34251

Mailing Address
25440 STATE ROAD 70
MYAKKA CITY FL 34251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0793576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, KEVIN G
25440 STATE ROAD 70
MYAKKA CITY FL 34251

Name Shin Mc. Kawakami
Street Address (P.O. Box Number is Not Acceptable)
10989 N.W. Lilly County Line Road
City ONA FL Zip Code 33865

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

Shin Mc. Kawakami

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/2/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MURAI, HARUYAKI	
STREET ADDRESS	25440 STATE ROAD 70	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOWMAN, KEVIN	
STREET ADDRESS	25440 STATE ROAD 70	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOWMAN, KATHERINE	
STREET ADDRESS	25440 STATE ROAD 70	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shin Mc. Kawakami	
STREET ADDRESS	10989 N.W. Lilly County Line Road	
CITY-ST-ZIP	ONA FLORIDA 33865	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/04 941-377-9149