

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90238 030 \*\*\*150.00

DOCUMENT # P98000084131

1. Entity Name  
BOWERS PUBLICATIONS, INC.



Principal Place of Business

~~9049 CALLAWAY DR~~ 10212 Gallery St.  
NEW PORT RICHEY, FL 34655

Mailing Address

PO BOX 3867  
HOLIDAY, FL 34690

60044021



02262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3216599

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, MARK L  
~~9049 CALLAWAY DR~~ 10212 Gallery St.  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(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:  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | D   |
| NAME            | BOWERS, GEORGE R                              |
| STREET ADDRESS  | 9049 CALLAWAY DR                              |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34655                     |
| TITLE           | P   |
| NAME            | BOWERS, MARK L                                |
| STREET ADDRESS  | <del>9049 CALLAWAY DR</del> 10212 Gallery St. |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34655                     |
| TITLE           | D   |
| NAME            | Bowers, Carol L.                              |
| STREET ADDRESS  | 10212 Gallery St.                             |
| CITY - ST - ZIP | New Port Richey, FL 34655                     |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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: *X Mark Bowers*

MARK BOWERS

*X April 15, 2005* 727.376.0441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #