## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000056511**

1. Entity Name

THE BOWMAN COMPANY, INTERNATIONAL



FILED
Apr 28, 2008 08:00 AN
Secretary of State

Principal Place of Business

2114 SCHUMACHER AVE.

6
JACKSONVILLE, FL 32207

Mailing Address

2114 SCHUMACHER AVE.

6

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32207



CR2E034 (11/05)

Applied For

No Chg-P

02152008

4. FEI Number

			L	51-061	9062		Not Applicable
				5. Certificate	of Status Desired	臣	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent			······································		
2114 SCH	I, WILLIAM H UMACHER AVE. IVILLE, FL 32207	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 Fiorida. 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 algorithms required when renestating)  DATE							
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	ncing \$5.0	O May Be to Fees		DATE		
10.	OFFICERS AND DIRE	CTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BOWMAN, WILLIAM H 2114 SCHUMACHER AVE. JACKSONVILLE, FL 32207						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U0000i 05/21/08		97 9-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SF	AC	E

12. I hereby certify that the information supplied with this filing 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DRES, 4 CEO

4-7-3-2008

904-860-0196

Date

Davime Phone 8