


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 040 ***158.75

DOCUMENT # S55700 1. Entity Name BOWERS TRUST & HOLDINGS, INC.	
--	---

Principal Place of Business 1105 MONROE ST TALLASSEE, FL 32301 US 477 PICKFORD PT LONGWOOD, FL 32779	Mailing Address 477 PICKFORD PT LONGWOOD, FL 32779 US
--	---

94019561



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3073504	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD, FL 32779

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWERS, CLAUD 477 PICKFORD PT. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWERS, FREEDA 477 PICKFORD PT. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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 or without other like empowered.

SIGNATURE:  **2-18-04** **407-862-0740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #