


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 029 ***150.00

DOCUMENT # V30282					
1. Entity Name J. BOWMAN & ASSOCIATES, INC.					
Principal Place of Business 10846-97TH STREET NORTH SEMINOLE, FL 33773 US			Mailing Address 10846-97TH STREET NORTH SEMINOLE, FL 33773 US		
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 59-3123706	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOWMAN, GERALD J. 10846-97TH STREET NORTH SEMINOLE, FL 33773			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DSPM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUTH, DAVID M		NAME		
STREET ADDRESS	2312 CALUMET AVE SE		STREET ADDRESS	2401 Surrey Lane SE	
CITY-ST-ZIP	DECATUR, AL 35601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, GRAHAM K		NAME		
STREET ADDRESS	18830 MAISONS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, GERALD J		NAME		
STREET ADDRESS	10846 97TH ST NO.		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, PAMELA J		NAME		
STREET ADDRESS	10846 97TH ST NO.		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUTH, JANET W.		NAME		
STREET ADDRESS	2312 CALUMET AVE SE		STREET ADDRESS	2401 Surrey Lane SE	
CITY-ST-ZIP	DECATUR, AL 35601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, WAI SION		NAME		
STREET ADDRESS	8830 MAISONS DIRVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		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: <i>Gerald J. Bowman</i>		SIGNATURE: <i>Gerald J. Bowman</i>		Date: 1-11-04 Daytime Phone #: 7273984004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	