

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT #V38477

Entity Name
 LESLEY E. BOWEN, CPA, P.A.



Principal Place of Business
 48 NE 15TH STREET
 HOMESTEAD, FL 33030

Mailing Address
 48 NE 15TH STREET
 HOMESTEAD, FL 33030



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0336241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, LESLEY E.
 48 NE 15 STREET
 HOMESTEAD, FL 33030

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000390257
 01/30/06-80024-020 150.00

OFFICERS AND DIRECTORS

NAME	DPST BOWEN, LESLEY E.
ADDRESS	48 NE 15TH STREET
STATE - ZIP	HOMESTEAD, FL
NAME	
ADDRESS	
STATE - ZIP	
NAME	
ADDRESS	
STATE - ZIP	
NAME	
ADDRESS	
STATE - ZIP	
NAME	
ADDRESS	
STATE - ZIP	

DO NOT WRITE IN THIS SPACE

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: Lesley E. Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 (305) 246-5141
Date Daytime Phone #