2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2004 8:00 am DOCUMENT # V50576 **Secretary of State** 1. Entity Name 02-25-2004 90052 048 ***155.00 **BOWEN ENTERPRISES, INCORPORATED** Principal Place of Business Mailing Address 1031 HUMBOLDT ST 1031 HUMBOLDT ST ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 1971 Kentuck _CR2E034=(1:1/03)= Applied For 4. FEI Number 66-0385637 emood Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOWEN, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1031 HUMBOLDT ST **ENGLEWOOD FL 34224** Ave Sentucku 8. The above named entity submits this statement for the purpose of changing its registered office or registed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 - প্র Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 same TITLE ☐ Delete TITI F 1971 Kentucky BOWEN, JOHN R NAME STREET ADDRESS 1031 HUMBOLDT ST STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34224 CITY-ST-ZIP VΡ ☐ Addition TITLE □ Delete TITLE BOWEN, JOHN R NAME NAME STREET ADDRESS 1031 HUMBOLDT ST STREET ADDRESS **ENGLEWOOD FL 34224** CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete Addition NAME NAME BOWEN, SANDY K STREET ADDRESS 1031 HUMBOLDT ST STREET ADDRESS same address C1031 Humboldt CITY-ST-ZIP ENGLEWOOD FL 34224 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 allotter like inconverse.

FILED