


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V64714</b> 1. Entity Name <b>BOWDEN POINTE CORP., INC.</b>																																																																																																																																			
Principal Place of Business <b>3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207</b>			Mailing Address <b>3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207</b>																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		4. FEI Number <b>59-3192856</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent  <b>PHILLIPS, PHILLIP B JR 3728 PHILLIPS HWY, #39 JACKSONVILLE FL 32207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																																																																																																																			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P <input type="checkbox"/> Delete</td> <td style="width: 40%;">TITLE</td> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Add       </td> </tr> <tr> <td>NAME</td> <td>PHILLIPS, PHILIP B., JR.</td> <td>NAME</td> <td colspan="3" style="text-align: center;"> <b>000000430842</b> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>3728 PHILLIPS HWY, #39</td> <td>STREET ADDRESS</td> <td colspan="3" style="text-align: center;"> <b>02/23/06-80006-002 150.00</b> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32207</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Add       </td> </tr> <tr> <td>NAME</td> <td>BRAVO, CAROL</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3728 PHILLIPS HWY #39</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32207</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Add       </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Add       </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Add       </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			NAME	PHILLIPS, PHILIP B., JR.	NAME	<b>000000430842</b>			STREET ADDRESS	3728 PHILLIPS HWY, #39	STREET ADDRESS	<b>02/23/06-80006-002 150.00</b>			CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP				TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			NAME	BRAVO, CAROL	NAME				STREET ADDRESS	3728 PHILLIPS HWY #39	STREET ADDRESS				CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with all other like empowered

**SIGNATURE:**