

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506872

FILED
Apr 19, 2004
Secretary of State

Entity Name: BOBE'S HOBBY HOUSE, INC.

Current Principal Place of Business:

5719 NORTH "W" ST
PENSACOLA, FL 32505

New Principal Place of Business:

5719 NORTH "W" STREET
PENSACOLA, FL 32505

Current Mailing Address:

5719 NORTH "W" ST
PENSACOLA, FL 32505

New Mailing Address:

5719 NORTH "W" STREET
PENSACOLA, FL 32505

FEI Number: 59-1679113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBE, ETHELWYN J
51 DELUNA DR
PENSACOLA, FL 32506

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: BOBE, THOMAS C.,
Address: 51 DE LUNA DR.
City-St-Zip: PENSACOLA FL,

Title: STD () Delete
Name: BOBE, ETHELWYN J.,
Address: 51 DE LUNA DR.
City-St-Zip: PENSACOLA FL,

Title: PD () Delete
Name: BOBE, DONALD R.,
Address: 841 MUNDY LANE
City-St-Zip: MILTON, FL

Title: VD () Delete
Name: BOBE, JOHN C.,
Address: 7617 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: BOBE, THOMAS C
Address: 51 DE LUNA DR.
City-St-Zip: PENSACOLA, FL 32506

Title: STD (X) Change () Addition
Name: BOBE, ETHELWYN J
Address: 51 DE LUNA DR.
City-St-Zip: PENSACOLA, FL 32506

Title: PD (X) Change () Addition
Name: BOBE, DONALD R
Address: 204 WEST AZALEA AVE.
City-St-Zip: FOLEY, AL 36535

Title: VD (X) Change () Addition
Name: BOBE, JOHN C
Address: PO BOX 517
City-St-Zip: GULF SHORES, AL 36547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHELWYN J BOBE

STD

04/19/2004

Electronic Signature of Signing Officer or Director

Date