

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506872

FILED
Apr 10, 2006
Secretary of State

Entity Name: BOBE'S HOBBY HOUSE, INC.

Current Principal Place of Business:

5719 NORTH
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

5719 NORTH
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-1679113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBE, MICHAEL T PRES
4895 RANDEE CIRCLE
PENSACOLA, FL 32526 US

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 32506

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

Title: PD () Delete
Name: BOBE, MICHAEL T
Address: 4895 RANDEE CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL T. BOBE

PD

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date