2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000004722** 04-18-2005 90580 044 ***150.00 BOB'S BUILDING SERVICE, INC. Principal Place of Business Mailing Address 3035 CONCORD RD 3035 CONCORD RD 20037060 HAVANA, FL 32333 HAVANA, FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 Chg-P CR2E034 (10/03) City & State City & State Applied For 6537 200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3035 CONCORD RD HAVANA, FL 32333 Zin 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 femiliar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Élection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition MAME WILLIAMS, ROBERT J NAME STREET ADDRESS 3035 CONCORD RD STREET ADDRESS CITY-ST-ZIP HAVANA, FL 32333.; CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, BERTHA P NAME NAME 3035 CONCORD RD STREET ADDRESS STREET ADDRESS HAVANA, FL 32333 🍜 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ... ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change M Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY+ST+ZIP CITY: ST: ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-7IP 12. Thereby 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 charged, or on an attachment with an address, with all other-like empowered.

FILED