

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31389

FILED
Jan 24, 2005
Secretary of State

Entity Name: BOB'S SUPERETTE, INC.

Current Principal Place of Business:

13120 LILLIAN WAY
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

13120 LILLIAN WAY
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 63-0947144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURTS, CAROL
969 SPANISH MOSS DR
PENSACOLA, FL 32506 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: PD () Delete
Name: MESZAROS, ROBERT SR
Address: 10367 COUNTY ROAD 95
City-St-Zip: ELBERTA, AL 36530

Title: TD () Delete
Name: PHILLIPS, MARY
Address: 10367 CO RD 95
City-St-Zip: ELBERTA, AL 36530

Title: SD () Delete
Name: MESZAROUS, PEARL D
Address: 10287 CO. RD. 95
City-St-Zip: ELBERTA, AL 36530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MESZAROS, ROBERT SR
Address: 10287 CO.RD.95
City-St-Zip: ELBERTA, AL 36530

Title: TD (X) Change () Addition
Name: PHILLIPS, MARY
Address: 2784 MANUEL DR.
City-St-Zip: LILLIAN, AL 36549

Title: SD (X) Change () Addition
Name: MESZAROS, PEARL D
Address: 10287 CO. RD. 95
City-St-Zip: ELBERTA, AL 36530

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: MARY PHILLIPS

TD

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date