## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P9800002179  I. Entity Name BOB TERRY P D R, INC.	
505 /2(1   5 (),(1	6.6

Principal Place of Business

Mailing Address

1123 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937

1123 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937



DO NOT WRITE IN THIS SPACE

03272007	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
59-3495909	 	Not Applicabl
5. Certificate of Status Desired	\$8.75	Additional uired

6. Name and Address of Current Registered Agent

TERRY, ALITIA 1123 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937

## DO NOT WRITE IN THIS SPACE

1100/3111	(1.000(1.01), 1.1 0250)			IN	THIS SPACE	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and site	if applicable (NOTE Registered	1 Agent signatur	e required when (einstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY, ROBERT F 1123 SEMINOLE DR. INDINA HARBOUR BEACH, FL 3293'	7			U00000702139 04/20/07-80086-016 150	00
TITLE NAME STREET ADDRESS CITY-ST-2IP	S ALITIA, TERRY 1123 SEMINOLE DR. IND. HBR. BCH, FL 32937					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 321.773.0809