


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 289177	
1. Entity Name BOB WHAN & SON ELECTRONICS, INC.	

Principal Place of Business 2341 CRYSTAL DRIVE PO BOX 60017 FT. MYERS, FL 33907 US	Mailing Address P. O. BOX 60017 FORT MYERS, FL 33906 US
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1086824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHAN, KIMBERLY 1920 VIRGINIA AVE. #503 FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE:  **1/13/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHAN, THERESA 1920 VIRGINIA AVE. #503 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WHAN, KIMBERLY 1920 VIRGINIA AVE. #503 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/06-80057-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  **1/13/06** **86 936 239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #