## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #478837** 

BOB'S BARRICADES, INC.

## **FILED** Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90245 010 \*\*\*158.75

Principal Place of Business 921 SHOTGUN RD 921 SHOT							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address   Suite, Apt. #, etc.   O1032007   ChgP   CR2E034 (12/06)   City & State   City & State   4. FEI Number   Sp-1605524   Not Applicable For Sp-160524   Not Applicable For Sp-	921 SHOTGUN RD		921 SHOTGUN RD		60000667		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & St	SUNRISE, FL	33326 05	SUNRISE, FL 33326	05			
City & State  Country  City  C	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 Cha-P	CR2F034 (12/06)	
Sp-1605524   Not Applicable   S8.75 Additional	City & State		City & State		<b>-</b>		
S. Certificate of Status Desired  —— 6. Name and Address of Current Registered Agent  —— 7. Name and Address of New Registered  —— 7. Name and A							
CHESLER, ALAN 921 SHOTGUN RD SUNRISE, FL 33326  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the a applicable. (NOTE, Replaned Agent signature required unen remisaring)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  TITLE NAME CHESLER, ALAN SIRRET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33326  CITY-ST-2P FORT LAUDERDALE, FL 33331  TITLE NAME SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33331  CHASTER ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33331  CHESLER, BEADY. TOM SIRRET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33331  CHESLER, BEADY. TOM SIRRET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33331  CHESLER, BEADY. TOM SIRRET ADDRESS CITY-ST-2P SIRRET AD	Zip	Country	Zip	Country	5. Certificate of Status Desir		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip 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 familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUPPORT LAUDERDALE, FL 33326  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  TITLE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD CHESLER, ALAN SIRRET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33326  CITY-ST-ZIP FORT LAUDERDALE, FL 33331  TITLE V D Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331  CITY-ST-ZIP FORT LAUDERDALE, FL 33331  TITLE V D Delete STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331  CITY-ST-ZIP FORT LAUDERDALE, FL 33326  CITY-ST-ZIP FORT LAUDERDALE, FL 33331  TITLE V D Delete STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331  CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331  CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331  CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-	. —	6,-Name and Address of Curren	t Registered Agent		7. Name and Address of N	ew Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip 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 familiar with, and accept the obligations of registered agent.  Signature:  S	CHESTER	Δ1 ΔΝ		Name	Name		
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.    NOTE Registered agent with a spoke agent and site if				Street Addres	ss (P.O. Box Number is Not Accep	itable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature required spent area of registered agent and the it applicable.   (NOTE Registered Agent signature required shen remissiong)   DATE	SUNRISE,	FL 33326				* \$11.0 \$1.00 \$10.0 \$10.0 \$10.0 \$1.0 \$1.0	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remissioning)   DATE      PLE NOW!!! FEE IS \$150.00				City		FL Zip Code	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remissions)   DATE			or the purpose of changing it	I s registered office or regis	stered agent, or both, in the State		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME CHESLER, ALAN SIREET ADDRESS CITY-ST-2P FORT LAUDERDALE, FL 33326  CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP FORT LAUDERDALE, FL 33331  TITLE V BADY, TOM SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP DELET STREET ADDRESS CITY-ST-2IP DELET TITLE DV Change Addition NAME STREET ADDRESS CITY-ST-2IP DELET TITLE DV Change Addition NAME STREET ADDRESS CITY-ST-2IP DELET TITLE DV Change Addition NAME Change Addition NAME STREET ADDRESS CITY-ST-2IP TITLE DV Change Addition NAME DAVIDSON, MARVIN	the obligat	ions of registered agent.					
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) .	DATE	
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.			D. 51	-in- Manager			
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CITY-ST-ZIP CITY-ST-ZIP  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	<del></del>		to delle Oliverado			and the state of t	

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:

1.4.07