

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 010 ***158.75

DOCUMENT # 478837

1. Entity Name
BOB'S BARRICADES, INC.



Principal Place of Business

921 SHOTGUN RD
SUNRISE, FL 33326 US

Mailing Address

921 SHOTGUN RD
SUNRISE, FL 33326 US

60000667



01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1605524

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESLER, ALAN
921 SHOTGUN RD
SUNRISE, FL 33326

Name

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CHESLER, ALAN
STREET ADDRESS 921 SHOTGUN ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33326

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Addition
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE DV ☐ Delete
NAME ALTER, EDWARD
STREET ADDRESS 2800 PADDOCK ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33331

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Addition
CITY-ST-ZIP **921 SHOTGUN ROAD
SUNRISE, FL 33326**

TITLE V ☐ Delete
NAME BRADY, TOM
STREET ADDRESS 921 SHOTGUN ROAD
CITY-ST-ZIP WESTON, FL 33326

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Addition
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE SV ☐ Delete
NAME DAVIDSON, MARVIN
STREET ADDRESS 260 MONTCLAIRE DR.
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Addition
CITY-ST-ZIP ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Addition
CITY-ST-ZIP ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Addition
CITY-ST-ZIP ☐ Addition

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:

Marvin Danden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.4.07

Date

954.423.2627

Daytime Phone #