

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90055 049 ***158.75

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1. Entity Name

LES & BOB CORPORATION.



Principal Place of Business

1101 N. BAY STREET
EUSTIS FL 32726

Mailing Address

34825 MARSHALL ROAD
EUSTIS FL 32736

54029277



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029864

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

SQUILLANTE, TERRY
34825 MARSHALL ROAD
EUSTIS FL 32736

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTDC	<input checked="" type="checkbox"/> Delete
NAME	SQUILLANTE, TERRY A	
STREET ADDRESS	34825 MARSHALL RD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SQUILLANTE, TERRY A	
STREET ADDRESS	34825 MARSHALL ROAD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SQUILLANTE, VALERIE J	
STREET ADDRESS	34825 MARSHALL RD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPTDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY A. SQUILLANTE	
STREET ADDRESS	34825 MARSHALL RD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie J. Squillante	
STREET ADDRESS	34825 MARSHALL RD	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Terry Squillante TERRY SQUILLANTE
PRESIDENT

4-6-04

352.589.8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #