

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00838

FILED
Apr 01, 2009
Secretary of State

Entity Name: BOB-JO ENTERPRISES, INC.

Current Principal Place of Business:

3715 N HIGHWAY 17
DELAND, FL 327208118

New Principal Place of Business:

2455 WHOOPING CRANE DRIVE
DELEON SPRINGS, FL 32130 US

Current Mailing Address:

3703 N HWY 17
DELAND, FL 327208118 US

New Mailing Address:

2455 WHOOPING CRANE DRIVE
DELEON SPRINGS, FL 32130 US

FEI Number: 59-2093386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINES, ROBERT
3703 N HWY 17
DELAND, FL 32720 US

Name and Address of New Registered Agent:

MARTINES, ROBERT
2455 WHOOPING CRANE DRIVE
DELEON SPRINGS, FL 32130 US

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.

SIGNATURE: ROBERT MARTINES

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TPD () Delete
Name: MARTINES, ROBERT
Address: 3715 N HIGHWAY 17
City-St-Zip: DELAND, FL 00000,

Title: VD () Delete
Name: MARTINES, JOSEPHINE
Address: 3715 N HIGHWAY 17
City-St-Zip: DELAND, FL 00000,

Title: SD () Delete
Name: MARTINES, RICCARDO
Address: 3715 N HIGHWAY 17
City-St-Zip: DELAND, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TPD (X) Change () Addition
Name: MARTINES, ROBERT
Address: 2455 WHOOPING CRANE DRIVE
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: VD (X) Change () Addition
Name: MARTINES, JOSEPHINE
Address: 2455 WHOOPING CRANE DRIVE
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: SD (X) Change () Addition
Name: MARTINES, RICCARDO
Address: 4462 N HIGHWAY 17
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MARTINES

TPD

04/01/2009

Electronic Signature of Signing Officer or Director

Date