## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE  4. FEI Number 25-1391829  5. Certificate of Status Desired   Se. 75 Addition Fee Regular Section F	Secretary of Sta			# FU2UUUUU3265 	1. Entity Name BOB FORD, INC.
DO NOT WRITE IN THIS SPACE  4. FEI Number 25-1391829 No Chg-P CR2E034 (10/03)  5. Name and Address of Current Registered Agent  FORD, ROBERT 901 SEMINOLE BLVD NORTH PALM BEACH, FL 33408  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE NAME  SIREM ADDRESS OFFI STATE ADDRESS OFFI STATE STATE STATE STATE STATE STATE STATE STATE ADDRESS OFFI STATE STATE ADDRESS OFFI STATE ADDRESS			33 HULTON ROAD	123	1233 HULTON ROAD
Fee Required  5. Name and Address of Current Registered Agent  FORD, ROBERT 901 SEMINOLE BLVD  NORTH PALM BEACH, FL 33408  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 the obligations of registered agent.  SIGNATURE  Signature, types or prifets have of mystered agent and tills if applicable  PICE Registered Agent dynatius required when refracting to the DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  10. NORTH PALM BEACH, FL 33408  11. THE  NAME  STREET ADDRESS  CITY -51 JP  17. THE  NAME  STREET ADDRESS  CITY -51 JP  17. THE  NAME  TITLE  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE  NAME  TITLE  TITLE  TITLE  TITLE  NAME  TITLE  TITL	4. FEI Number Applied For 25-1391829 Not Applicable	CE	THIS SPA	OT WRITE IN	DO NOT
FORD, ROBERT 901 SEMINOLE BLVD NORTH PALM BEACH, FL 33408  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 the obligations of registered agent.  SIGNATURE  Signature. Typed or privide remote or registered agent and talk if topicable  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Added to Fees  04/29/05-80099-003 150  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. ORTH PALM BEACH, FL 33408  TITLE  NAME SIBERT ADDRESS DITY-ST-2P  DO NOT WRITE  DO NOT WRITE  NAME SIBERT ADDRESS DITY-ST-2P  DO NOT WRITE	5. Certificate of Status Desired				attern to the second se
SIGNATURE Signature, typed or privide manual or registered agent and fills if applicable (NOTE Registered Agent signature reculted when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees 04/29/05-80099-009 150  10. OFFICERS AND DIRECTORS  TITLE NAME FORD, ROBERT SIREST ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408  TITLE NAME SIREST ADDRESS CITY-ST-ZIP TITLE T	The state of the s		ev Agent	/D	FORD, ROBERT 901 SEMINOLE BLVD
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the Information or this report or suppliemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or do 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 Blochanged, or on an attachment with anyaddress, with all other like empowered.  SIGNATURE:	and in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	inption stated in Secture shall have the sall red by Chapter 607,	does not qualify for the exe faccurate and that my signs sexecute this report as requ ther like empowered.	a information supplied with this filling t or supplemental sport is true and re receiver or trustee empowered to achiment with anyaddress, with all of	