


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F57570 1. Entity Name BOB'S NEWS RACK REPAIRS, INC.		
Principal Place of Business 724 NW 7TH AVE FT LAUDERDALE, FL 33311	Mailing Address 724 NW 7TH AVE FT LAUDERDALE, FL 33311	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent RICE, ROBERT 724 NW 7TH AVENUE FT LAUDERDALE, FL 33311		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> 000000394650 01/26/06-80018-016 150.00 </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	<h2>DO NOT WRITE IN THIS SPACE</h2>
NAME	RICE, CAROLYN	
STREET ADDRESS	724 N.W. 7TH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311	
TITLE	PD	
NAME	RICE, ROBERT	
STREET ADDRESS	724 N.W. 7TH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311	
TITLE	V	
NAME	AMMANN, CHARLES F	
STREET ADDRESS	1920 SW 36 AVE	
CITY - ST - ZIP	FT LAUDERDALE, FL 33311	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Robert J. Rice</u> 1/20/06 954-524-5760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Robert J. Rice		