2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2004
Secretary of State

DOCUMENT# F93000002894

Entity Name: BOB ROSS INC.

Current Principal Place of Business:

POST OFFICE BOX 946
STERLING, VA 20167

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 946
STERLING, VA 20167

New Mailing Address:

FEI Number: 54-1304271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIDGES, RHONDA L
315 S AHLIFAX DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

BRIDGES, RHONDA L
315 S HALIFAX DRIVE
ORMOND BEACH, FL 32176 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: RHONDA L. BRIDGES 10/29/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: KOWALSKI, JOAN M
Address: 45585 LIVINGSTONE STATION ST
City-St-Zip: STERLING, VA 20166

Title: DPT ( ) Delete
Name: KOWALSKI, WALTER J
Address: 2713 CALKINS RD.
City-St-Zip: HERNDON, VA

Title: DVS ( ) Delete
Name: KOWALSKI, ANNETTE H
Address: 757 E. 3RD AVE.
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RHONDA L. BRIDGES RA 10/29/2004
Electronic Signature of Signing Officer or Director Date