2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002894

Entity Name
BOB ROSS INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 946 STERLING, VA 20167	POST OFFICE BOX 946 STERLING, VA 20167

01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1304271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGES, RHONDA L
115 S HALIFAX DRIVE
ORMOND BEACH, FL 32176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000036433
01/30/06-80007-022 150.00

OFFICERS AND DIRECTORS

TITLE	AS
NAME	KOWALSKI, JOAN M
STREET ADDRESS	45585 LIVINGSTONE STATION ST
CITY-ST-ZIP	STERLING, VA 20165
TITLE	DPT
NAME	KOWALSKI, WALTER J
STREET ADDRESS	2713 CALKINS RD.
CITY-ST-ZIP	HERNDON, VA
TITLE	DVS
NAME	KOWALSKI, ANNETTE H
STREET ADDRESS	757 E. 3RD AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joan M Kowalski Pres. 1/16/06 703/803-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #