


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90043 023 \*\*\*158.75

**DOCUMENT # H08717**

1. Entity Name  
 BOB'S TOP SHOP, INC.



Principal Place of Business  
 2135 E. 5TH STREET  
 PANAMA CITY, FL 32401 US

Mailing Address  
 2135 E 5TH STREET  
 PANAMA CITY, FL 32401 US

40058554



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-2427934 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GAINER, GWEN  
 2135 EAST 5TH ST.  
 PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent  
 Name: *Barnes, Gwen*  
 Street Address (P.O. Box Number is Not Acceptable):  
*2135 E 5th Street*  
 City: *Panama City* FL Zip Code: *32401*

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: *Gwen Barnes* DATE: *4-11-07*

Signature (typed or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GAINER, GWEN	
STREET ADDRESS	3010 EAST 3RD ST.	
CITY ST ZIP	PANAMA CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes, Gwen	
STREET ADDRESS	2135 E 5th Street	
CITY ST ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Gwen Barnes* DATE: *4-11-07* DAYTIME PHONE #: *850-763-1683*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR