

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90001 005 ***150.00

DOCUMENT # J26076

1. Entity Name
BOBBY'S AUTOMOTIVE AND MACHINE SHOP, INC.



Principal Place of Business

% ROBERT T. GALLOTT
302 FLORIDA AVENUE
FORT PIERCE, FL 34950

Mailing Address

% ROBERT T. GALLOTT
302 FLORIDA AVENUE
FORT PIERCE, FL 34950



05122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2710716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GALLOTT, ROBERT T.
302 FLORIDA AVENUE
FORT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GALLOTT, ROBERT T.
1616 MAYFLOWER ROAD 302 Florida Ave
FT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert T Gallott* Robert Gallott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-04

772 461 0902