# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**DOCUMENT # J44155**

1. Entity Name
**F.O.B. ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2427 LEY DRIVE<br>AKRON, OH 44319 | 2427 LEY DRIVE<br>AKRON, OH 44319 |

02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2741894

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HWY.
MARATHON, FL 33050

**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 _____ 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, 2004 Fee will be $550.00**

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

100029965565
05/04--01067--025 **158.75

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTS |
| NAME | BONNER, DOROTHY M. |
| STREET ADDRESS | 2427 LEY DRIVE |
| CITY-ST-ZIP | AKRON, OH |
| TITLE | D |
| NAME | BONNER, DOROTHY M. |
| STREET ADDRESS | 2427 LEY DR. |
| CITY-ST-ZIP | AKRON, OH 44319 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE 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:** Dorothy M. Bonner 02/18/04 305 743-7353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #