

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J60014**

1. Entity Name  
**BOB'S E-Z ON BOOT PROTECTOR, INC.**



Principal Place of Business  
**700 21ST COURT  
VERO BEACH, FL 32962**

Mailing Address  
**700 21ST COURT  
VERO BEACH, FL 32962**



05222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2777710</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LOWERY, R. L.  
700 21ST COURT  
VERO BEACH, FL 32962**

**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 14, 2007**

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	P LOWERY, R. L. 700 21ST COURT VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SETON, REBECCA 700 21ST CT VERO BCH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LOWERY, LISA 8307 FT WALTON AVE FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000765407  
06/01/07-80004-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *R.L. Lowery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*R.L. Lowery*

5/22/07

Date

7725679047

Daytime Phone #