## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K77511

Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2005 Secretary of State

Entity Nan	ne: BOB'S ALU	IMINUM, INC.			•	
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
9631 E JAC	. BOYAJAN, II CANA LOOP S, FL 34450					
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
9631 E JAC	. BOYAJAN, II CANA LOOP S, FL 34450					
FEI Number:	59-2945594	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
2303 W HV INVERNES	S, FL 34453	US			Fig. 1 and 1	
in the State	named entity su of Florida.	bmits this statement for the pur	pose of changing if	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financing	Frust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LENTZ, ROBERT 9631 E. JACANA INVERNESS, FL	LOOP	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LENTZ, ROBER 9631 E. JACANA INVERNESS, FL	A LOOP  . 34450  Change ( ) Addition  A, A LOOP	
Title: Name: Address: City-St-Zip:	AV () D KREJCI, JIM 5950 E ANNA JO INVERNESS. FL		Title: Name: Address: Citv-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

AS

MARSHALL, DÁVID

9222-C EAST HIGHWAY 44

INVERNESS, FL 34450

(X) Change ( ) Addition

SIGNATURE: BRENDA A. LENTZ VSD 04/05/2005

() Delete

9699 E GOSPEL ISLAND ROAD

ANDERSON, OWEN B

INVERNESS, FL 34450