


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L08019 1. Entity Name BOB & JEFF'S MOBILE, INC.	
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Principal Place of Business 10461 RT 19 N PORT RICHEY, FL 34668	Mailing Address 10461 RT 19 N PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2977333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLOUTIER, ROBERT W 10461 RT 19 N PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE
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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 reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOUTIER, ROBERT W 272 KILLINGER AVE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLOUTIER, DIANE I 272 KILLINGER AVE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLOUTIER, JEFFREY R 272 KILLINGER AVE SPRING HILL, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/04/04-80019-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Diane I. Cloutier* *DIANE Cloutier* *1/31/04* *727-868-0473*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #