


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M69773 1. Entity Name BOB VIOLETT MODELS, INC.		
Principal Place of Business 3481 STATE RD. 419 WINTER SPRINGS, FL 32708 US		Mailing Address 3481 STATE RD. 419 WINTER SPRINGS, FL 32708 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VIOLETT, ROBERT S. 170 STATE ROAD 419 WINTER SPRINGS, FL 32708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000102702 04/05/04-80026-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC VIOLETT, ROBERT S. 1373 CITRUS RD. WINTER SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIOLETT, PATRICIA 1373 CITRUS RD WINTER SPRINGS, FL	
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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: <i>Patricia E. Violet</i> PATRICIA E. VIOLETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/04 407-327-6333 <small>Date Daytime Phone #</small>