2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M69773

1. Entity Name
BOB VIOLETT MODELS, INC.

Principal Place of Business	Mailing Address
3481 STATE RD. 419	3481 STATE RD. 419
WINTER SPRINGS, FL 32708 US	WINTER SPRINGS, FL 32708 US

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2937842	Not Applicable

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

6. Name and Address of Current Registered Agent

VIOLETT, ROBERT S.
170 STATE ROAD 419
WINTER SPRINGS, FL 32708

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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 After May 1, 2005 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PDC
NAME	VIOLETT, ROBERT S.
STREET ADDRESS	1373 CITRUS RD.
CITY-ST-ZIP	WINTER SPRINGS, FL

TITLE	TD
NAME	VIOLETT, PATRICIA
STREET ADDRESS	1373 CITRUS RD
CITY-ST-ZIP	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)(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: _Patricia E. Violett_   PATRICIA E. VIOLETT   2/10/05   403-327-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #