

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002036

FILED
May 01, 2009
Secretary of State

Entity Name: BOB LW INCORPORATED

Current Principal Place of Business:

895 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

895 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 26-2341834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES AGENTS, INC.
1111 LINCOLN RD STE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

KEITH, THOMPSON
895 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898 US

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.

SIGNATURE: KEITH THOMPSON

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, KEITH
Address: 895 COUNTRY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: THOMPSON, SCOTT
Address: 237 S LAKESHORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: SKINNER, GREG
Address: 3528 TWISTED OAK COURT
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH THOMPSON

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date