


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000052145 1. Entity Name BOB MYERS & SONS, INC.	
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Principal Place of Business 7323 6TH AVENUE NORTH WEST BRADENTON, FL 34209-1528	Mailing Address 7323 6TH AVENUE NORTH WEST BRADENTON, FL 34209-1528
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2247855	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, ROBERT 7323 6TH AVENUE NORTH WEST BRADENTON, FL 34209-1528	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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PT MYERS, ROBERT 7323 6TH AVENUE NORTH WEST BRADENTON, FL 342091528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MYERS, BARBARA 7323 6TH AVENUE NORTH WEST BRADENTON, FL 342091528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MYERS, MICHAEL T 2501 32ND AVE. WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert S. Myers *Robert S. Myers president 4505 941-761-7388*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #