## Feb 23, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P01000056530** 02-23-2004 90043 021 \*\*\*158.75 BOB STANLEY ENTERPRISES, INC. Principal Place of Business Mailing Address . 4000001 5581 BOYNTON PLACE CIR 5581 BOYNTON PLACE CIR BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 3. Mailing Address 15061 73rd 2. Principal Place of Business 15061 73rd St Noeth Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For oxahatchee oxa hatchee 65-1115132 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANLEY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5581 BOYNTON PLACE CIR BOYNTON BEACH, FL 33437 City LoxAhatchee 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 Vice President Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE Change NĂME STANLEY, ROBERT NAME STREET ADDRESS 5581 BOYNTON PLACE CIR 15061 73rd St. N. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP LOXAbatchee F1. 33470 TITLE ☐ Delete TITLE ☐ Addition NAME STANLEY, ROBIN NAME 15061 73rd St. N. 5581 BOYNTON PLACE CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOYNTON BEACH, FL 33437 CITY-ST-ZIP Loxahatchee, Fl. 33470 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED