


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90004 034 ***550.00

DOCUMENT # P02000078690	
1. Entity Name CUTS BY BOB, INC.	

Principal Place of Business 237 MOCKINGBIRD LN WINTER SPRINGS, FL 32708	Mailing Address 237 MOCKINGBIRD LN WINTER SPRINGS, FL 32708
---	---

2. Principal Place of Business 718 Upland Ct Suite, Apt. #, etc.	3. Mailing Address 718 Upland Ct Suite, Apt. #, etc.
---	---

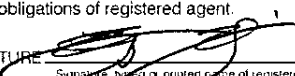
City & State Deltona FL	City & State Deltona FL
Zip 32725	Country U.S.

08172004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2065259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BIERLEY, HOWARD 237 MOCKINGBIRD LN WINTER SPRINGS, FL 32708	
---	--

7. Name and Address of New Registered Agent Name Robert E. Bierley Street Address (P.O. Box Number is Not Acceptable) 718 Upland Ct City Deltona FL Zip Code 32725	
--	--

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	DATE 8-20-04 Owner

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIERLEY, ROBERT 710 UPLAND CT. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8-20-04	Daytime Phone # 386-860-0607
---	------------------------	--