2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 11 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085493

1. Entity Name
BOB DAVIS AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
1801 NO DIXIW HWY LAKE WORTH, FL 33460	1801 NO DIXIW HWY LAKE WORTH, FL 33460

03182005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2055589
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, BOB
6809 KINGSTON DR
LAKE WORTH, FL 33462

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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, [illegible]

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $660.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, ROBERT F
STREET ADDRESS	6809 KINGSTON DR
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900051349539
04/20/05--01008--030 **150.00

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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: _____ 4-4-05 5615854341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mar 18 05 02:03p Law Offices (561)615-0620