

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (R)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90034 026 \*\*\*150.00

DOCUMENT # P02000113505

1. Entity Name

BOB'S INSURANCE ADVISORY SERVICES, INC.



Principal Place of Business

19817 GLAZING GLOBE LANE  
LUTZ FL 33558

Mailing Address

19817 GLAZING GLOBE LANE  
LUTZ FL 33558

2. Principal Place of Business

3442 Chapel Creek Circle  
Suite, Apt. #, etc.

3. Mailing Address

3442 Chapel Creek Circle  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

4. FEI Number

22-3878511

Applied For

Not Applicable

Zip

33549

Country

FL

Zip

33549

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIEVES, ROBERT G  
19817 GLAZING GLOBE LANE  
LUTZ FL 33558

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3442 Chapel Creek Circle

City

Wesley Chapel

FL

Zip Code

33543

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GRIEVES, ROBERT G  
STREET ADDRESS 19817 GLAZING GLOBE LANE  
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 3442 Chapel Creek Circle  
STREET ADDRESS Wesley Chapel, FL 33549  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Daytime Phone #

1/25/05 813 907 6573