2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # P02000113505 **Secretary of State** 1. Entity Name BOB'S INSURANCE ADVISORY SERVICES, INC. Principal Place of Business Mailing Address 3442 CHAPEL CREEK CIRCLE 3442 CHAPEL CREEK CIRCLE WESLEY CHAPEL FL 33549 WESLEY CHAPEL FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 22-3878511 Not Applicable Zip Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIEVES, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 3442 CHAPEL CREEK CIRCLE WESLEY CHAPEL FL 33543 City Zip Code 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 Ayped or privitor name of registered agent and title if applicable (NOTE: Registered Agent signature required when toinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. U00000413922 🗆 Change 🗆 Addition TITLLE Detete TITLE 02/11/06-80008-021 150.00 NAME GRIEVES, ROBERT G MAME STREET ADDRESS STREET ADDRESS 3442 CHAPEL CREEK CIRCLE CITY-ST-ZIP WESLEY CHAPEL FL 33549 CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addisor NAME STREET ADORESS STREET ADDRESS CBY-ST-ZIP City-St 78P TITLE ☐ Detete_ THEF Change DART NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIDE ☐ Change ☐ Addiff NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change IDLE TITLE □ Add™ NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Octete HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 directly of the corporation or the receiver of truffere empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attack ment your an accurate an other times and the same legal effect as if made under oath, that I am an officer or directly that my name appears in Block 10 or Block 1 if changed, or on an attack ment you at a same legal effect as if made under oath, that I am an officer or directly that my name appears in Block 10 or Block 1 if changed, or on an attack ment you at a same legal effect as if made under oath, that I am an officer or directly of the corporation of the respective of

SIGNATURE:

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