

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90271 038 ***150.00

DOCUMENT # P03000000947

1. Entity Name
BOB'S HOME REPAIR, INC.



Principal Place of Business
**4979 KLOSTERMAN OAKS BLVD.
PALM HARBOR, FL 34683**

Mailing Address
**4979 KLOSTERMAN OAKS BLVD.
PALM HARBOR, FL 34683**

54045413



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
54-2094917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIECKOWSKI, WACLAW
1707 AZALEA CT., UNIT B
OLDSMAR, FL 34677-2700**

Name
Bohdan Nagorka
Street Address (P.O. Box Number is Not Acceptable)
4979 Klosterman Oaks Blvd
City
Palm Harbor FL Zip Code
34683

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, type or printed name of registered agent and title if applicable.

Bohdan Nagorka

04/27/2004

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**D
NAGORKA, BOHDAN
4979 KLOSTERMAN OAKS BLVD.
PALM HARBOR, FL 34683** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NAGORKA, BOHDAN
4979 KLOSTERMAN OAKS BLVD
PALM HARBOR, FL 34683** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
NAGORKA, BARBARA
4979 KLOSTERMAN OAKS BLVD
PALM HARBOR, FL 34683** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

Bohdan Nagorka, P

04/27/2004

(727) 741-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #