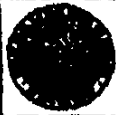


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91223-033-\$150.00-\$150.00

DOCUMENT # P03000043859			
1. Entity Name BOB'S AUTOMOTIVE SERVICE, INC.			
Principal Place of Business 151 CANAL STREET NEW SMYRNA BEACH, FL 32168		Mailing Address 151 CANAL STREET NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and address of Current Registered Agent MORROW, ROBERT T 151 CANAL STREET NEW SMYRNA BEACH, FL 32168		5. Name and address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
6. 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: <u>Robert T. Morrow</u>		DATE: <u>4/30/04</u>	
Filing Fee: \$150.00 After May 1, 2004 Fee will be \$200.00		7. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ROBERT MORROW 151 CANAL ST. NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President of Corp.	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 this 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, within either the corporation.			
SIGNATURE: <u>Robert T. Morrow</u>		DATE: <u>4/30/04</u> <u>786-428-2875</u>	
SIGNATURE: <u>Robert T. Morrow Pres.</u>		DATE: <u>6/4/04</u>	

FILED

04 JUN 10 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



00302004 One-P CR2E004 (10/03)

4. FBI Number 113686924 Applied For ☐ Not Applicable ☐

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

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TR