

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 004 ***150.00

DOCUMENT # P03000072470

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



Principal Place of Business
**1424 SALEM ST, NE
PALM BAY, FL 32905**

Mailing Address
**1424 SALEM ST, NE
PALM BAY, FL 32905**

94017241

2. Principal Place of Business

1424 SALEM ST. N.E.
Suite, Apt. #, etc.

3. Mailing Address

1424 SALEM ST. N.E.
Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

City & State

PALM BAY, FLORIDA

City & State

PALM BAY, FLORIDA

4. FEI Number

200068825

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

32905

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAVERS, ROBERT E
1424 SALEM ST, NE
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. the obligations of registered agent.

n the State of Florida. I am familiar with, and accept

SIGNATURE

Robert E. Shavers

(instating)

DATE

2-12-04

**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

TITLE: **PRESIDENT & TREASURER** ☐ Delete
NAME: **ROBERT E. SHAVERS**
STREET ADDRESS: **1424 SALEM ST. N.E.**
CITY-ST-ZIP: **PALM BAY, FLORIDA 32905**

TITLE: **VICE PRESIDENT** ☐ Delete
NAME: **JAMES E. BRUNER**
STREET ADDRESS: **700 NEVADA ST.**
CITY-ST-ZIP: **W. MELBOURNE, FLORIDA 32904**

TITLE: **SECRETARY** ☐ Delete
NAME: **PATRICIA E. SHAVERS**
STREET ADDRESS: **1424 SALEM ST. N.E.**
CITY-ST-ZIP: **PALM BAY, FLORIDA 32905**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12.

changed, or on an attachment with an address, with all other like empowered.

ROBERT E. SHAVERS, PRESIDENT

SIGNATURE: *Robert E. Shavers*, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

i), Florida Statutes. I further certify that the information
if made under oath; that I am an officer or director
d that my name appears in Block 10 or Block 11 if

2-12-04 (321) 725-3542

Date

Daytime Phone #