2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000072470

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

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

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0068825

☐ Applied For
☐ Not Applicable

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

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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: Robert E. Shavers 2-11-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SHAVERS, ROBERT E
STREET ADDRESS	1424 SALEM ST. N.E.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	V
NAME	BRUNER, JAMES E
STREET ADDRESS	700 NEVADA ST.
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	S
NAME	SHAVERS, PATRICIA E
STREET ADDRESS	1424 SALEM ST. N.E.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Robert E. Shavers 2-11-06 (321)725-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #