

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088261

FILED
Feb 27, 2006
Secretary of State

Entity Name: BOB'S TV, INC.

Current Principal Place of Business:

15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491

New Principal Place of Business:

15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491 US

Current Mailing Address:

15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491

New Mailing Address:

15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491 US

FEI Number: 20-0488235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIDWELL, BOBBY J
15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

ORTIZ, JOHN M AGENT
15655 SOUTH US HIGHWAY 441
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: JOHN M ORTIZ

02/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: TIDWELL, BOBBY J
Address: 15655 SOUTH US HIGHWAY 441
City-St-Zip: SUMMERFIELD, FL 34491

Title: TS (X) Delete
Name: TIDWELL, RUTHANN
Address: 15109 SE 73RD AVE
City-St-Zip: SUMMERFIELD, FL 34492

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: ORTIZ, JOHN M DIR
Address: 15655 US HWY 441
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: PRES () Change (X) Addition
Name: ORTIZ, JOHN M PRES
Address: 15655 US HWY 441
City-St-Zip: SUMMERFIELD, FL 34491 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M ORTIZ

PRES

02/27/2006

Electronic Signature of Signing Officer or Director

Date