

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000094002

1. Entity Name
BOB SILVA MAINTENANCE SERVICE, INC.



Principal Place of Business
**1418 CEDAR PINE DRIVE
DELTONA, FL 32725**

Mailing Address
**1418 CEDAR PINE DRIVE
DELTONA, FL 32725**



05272008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0710920

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SILVA, ROBERT P
1418 CEDAR PINE DRIVE
DELTONA, FL 32725**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

U00000952146
06/04/08 00050-024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
SILVA, ROBERT P
1418 CEDAR PINE DRIVE
DELTONA, FL 32725**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SILVA, MARY J
1418 CEDAR PINE DRIVE
DELTONA, FL 32725**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 P. Silva **ROBERT P. SILVA** 5-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #