2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # P03000118959** 1. Entity Name 04-26-2005 90178 009 ***150.00 **BOB BERNOTUS INC** Principal Place of Business Mailing Address 4231 AACHEN STREET SARASOTA FL 34234 4231 AACHEN STREET SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Lackwood RIDGE RD. 3223 N. 3223 N. Lockwood Ripge Ro Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/04) ~ot Applied For City & State City & State 4. FEI Number EC ARASOTA SARAS 20033 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERNOTUS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4231 ACHEN-STREET SARASOTA FL 34234 City < 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 familia the obligations of regis SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change Addition THILE Defete Lockwood Ridge Ro. Bervotus. BERNOTUS, ROBERT NAME NAME 3223 N. STREET ADDRESS **4231 AACHEN STREET** STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP grasota TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Defete TITLE Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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