

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000141071

1. Entity Name  
BOB GERDES PAINTING INC.



Principal Place of Business  
P.O. BOX 5351  
SUN CITY CENTER, FL 33573 US

Mailing Address  
P.O. BOX 5351  
SUN CITY CENTER, FL 33573 US

2. Principal Place of Business	3. Mailing Address 1802 BEDFORD TERR	
Suite, Apt. #, etc.	Suite, Apt. #, etc. H 176	
City & State	City & State SUN CITY CENTER, FL 33573	
Zip	Country	Zip

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W FLAGLER ST SUITE 675 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 *Rich ROBERT P GERDES PRES.*

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

(NOTE: Registered Agent signature required when reinstating)

7-31-04

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERDES, ROBERT P		NAME	
STREET ADDRESS	1802 BEDFORD TERRACE, #H176		STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: *Rich ROBERT P GERDES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-04

Date

813-634-1761

Daytime Phone #

**FILED  
Aug 04, 2004 8:00 am  
Secretary of State**

08-04-2004 90014 038 \*\*\*150.00

**54066663**



08022004 Chg-P CR2E034 (10/03)

*Attachment*  
Doc. # 03000141071

**JUNCO & KIERZYNSKI**

CERTIFIED PUBLIC ACCOUNTANTS, P.A.

1211 N. WESTSHORE BLVD.  
SUITE 715  
TAMPA, FLORIDA 33607

TELEPHONE:  
(813) 281-9090  
FAX:  
(813) 288-8483

August 2, 2004

Secretary of State  
Division of corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: Bob Gerdes Painting, Inc.  
1802 Bedford Terrace  
Sun City Center, FL 33573

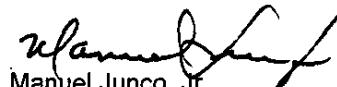
Dear Sir/Madam:

Our client says that he never received your notice for the annual fee of \$150.

Please waive the penalty.

Mr. Gerdes incorporated his business in December 2003.

Sincerely,



Manuel Junco, Jr.  
Certified Public Accountant