

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90166 010 \*\*\*150.00

DOCUMENT # P03000143622

1. Entity Name

BOB'S ALUMINUM BY BOB PERRONE, INC.



Principal Place of Business

461 WALES AVE  
 PORT ORANGE FL 32127

Mailing Address

461 WALES AVE  
 PORT ORANGE FL 32127



2. Principal Place of Business

255 QUIET TRAIL DR  
 Suite, Apt. #, etc.

3. Mailing Address

255 QUIET TRAIL DR  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

Port Orange Fl.

City & State

Port Orange Fl.

4. FEI Number

20-0450025

Applied For

Not Applicable

Zip

32128

Country

Volusia

Zip

32128

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRONE, ROBERT C  
 461 WALES AVE  
 PORT ORANGE FL 32127

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

*Robert C. Perrone*

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  Delete  
 NAME PERRONE, ROBERT C  
 STREET ADDRESS 461 WALES AVE.  
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE V  Delete  
 NAME PERRONE, ROBERT JR.  
 STREET ADDRESS 1934 DUVAL PL.  
 CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 C. Perrone* ROBERT C. PERRONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-756-8817