

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000004722

**FILED**  
**Dec 14, 2008**  
**Secretary of State****Entity Name:** BOB'S BUILDING SERVICE, INC.**Current Principal Place of Business:**3035 CONCORD RD  
HAVANA, FL 32333**New Principal Place of Business:**3035 CONCORD RD  
HAVANA, FL 32333 US**Current Mailing Address:**3035 CONCORD RD  
HAVANA, FL 32333**New Mailing Address:**3035 CONCORD RD.  
HAVANA, FL 32333 US**FEI Number:** 20-0565372**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD  
SUITE A  
DELTONA BEACH, FL 32725 US**Name and Address of New Registered Agent:**WILLIAMS, BERTHA P VSD  
3035 CONCORD RD.  
HAVANA, FL 32333 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: BERTHA P. WILLIAMS

12/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** WILLIAMS, ROBERT J  
**Address:** 3035 CONCORD RD  
**City-St-Zip:** HAVANA, FL 32333**Title:** VSD ( ) Delete  
**Name:** WILLIAMS, BERTHA P  
**Address:** 3035 CONCORD RD  
**City-St-Zip:** HAVANA, FL 32333**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** WILLIAMS, ROBERT J  
**Address:** 3035 CONCORD RD  
**City-St-Zip:** HAVANA, FL 32333 US**Title:** VSD (X) Change ( ) Addition  
**Name:** WILLIAMS, BERTHA P  
**Address:** 3035 CONCORD RD  
**City-St-Zip:** HAVANA, FL 32333 US

I hereby certify that the information supplied with this filing does not qualify 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: BERTHA P. WILLIAMS

VSD

12/14/2008

Electronic Signature of Signing Officer or Director

Date