(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ·



500055126165

05/27/05--01025--004 \*\*35.00

officer Resignation

Office Use Only

T BROWN JUN - 1 2005

## TRANSMITTAL LETTER

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: BOB & SON HOME IMPROV	EMENTS INC
DOCUMENT NUMBER: P040000222	46
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
ROBERT C. TOLSON SR	
(Name of Person)	<del></del>
BOB & SON HOME IMPROVEMENT IN	C
(Name of Firm/Company)	
1561 KEPLÊR RD	· _:
(Address)	
DELAND, FL 32724 =	· · · · · · · · · · · · · · · · · · ·
(Ĉity/Ŝtate and Zip Code)	
For further information concerning this matter	r, please call:
ROBERT TOLSON	at ( 386 ) 736-8933 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	to the Florida Department of State.
Division of Corporations Division P.O. Box 6327 Division 409 E. C	address: nent Section of Corporations Gaines Street usee, FL 32399

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 MAY 27 PM 1:37

FALLAHASSEE, FLORIDA

I. CHRISTOPHER W. PUCKETT	HRISTOPHER W. PUCKETT hereby resign as		SECRETARY	
	⊇"2` <del>6</del> `	<b></b>	(Title)	
of BOB & SON HOME IMPROVEMENT IN	IC			
(Name of Corporation	on)		· · · · · · · · · · · · · · · · · · ·	
P04000022246 ,a corpor	ration organized un	der the laws of	f the State of	
(Document Number, if known)	,			
FLORIDA				

(Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314