

2009  
**ANNUAL REPORT (AR)**

**DOCUMENT # P04000022246**

1. Entity Name

**BOB & SON HOME IMPROVEMENT INC**



**FILED**

**09 JUN -3 AM 9:30**

**SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**1561 KEPLER ROAD  
DELAND FL 32724**

Mailing Address

**1561 KEPLER ROAD  
DELAND FL 32724**

2. Principal Place of Business - No P.O. box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **20-0674407**

Applied For  
Not Applied

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TOLSON, ROBERT C SR  
287 N HIGH ST  
LAKE HELEN FL 32744**

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

Signature of Current Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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          | PD                  | <input type="checkbox"/> Delete |
| NAME           | TOLSON, ROBERT C SR |                                 |
| STREET ADDRESS | 287 N HIGH ST       |                                 |
| CITY-STATE-ZIP | LAKE HELEN FL 32744 |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | TOLSON, ROBERT C JR |                                 |
| STREET ADDRESS | 287 N HIGH ST       |                                 |
| CITY-STATE-ZIP | LAKE HELEN FL 32744 |                                 |
| TITLE          | SECRETARY           | <input type="checkbox"/> Delete |
| NAME           | NORMA FAYE CRABB    |                                 |
| STREET ADDRESS | 287 N HIGH ST       |                                 |
| CITY-STATE-ZIP | LAKE HELEN FL 32744 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-STATE-ZIP |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-STATE-ZIP |  |  |
| TITLE          |  | <input type="checkbox"/> Add                                 |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-STATE-ZIP |  |  |
| TITLE          |  | <input type="checkbox"/> Add                                 |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-STATE-ZIP |  |  |
| TITLE          |  | <input type="checkbox"/> Add                                 |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-STATE-ZIP |  |  |

**800156723248**  Change  Add  
**06/03/09--01018--009 \*\*150.00**

*ch 4402  
\$150.00  
PO*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions or automatic 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, without being like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09-12-09**

Date

Day Month Year