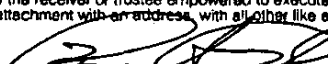


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-30-2005 90031 001 ***150.00

DOCUMENT # P04000124706 1. Entity Name BOB PIETRAS, INC.					
Principal Place of Business 233 NOKOMIS AVE S VENICE, FL 34285			Mailing Address 233 NOKOMIS AVE S VENICE, FL 34285		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1474959	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PIETRAS, ROBERT 5150 CENTRAL SARASOTA PKWY #2-309 SARASOTA, FL 34283				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.				DATE 3/28/2005 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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 P NAME PIETRAS, ROBERT S JR. STREET ADDRESS 5150 CENTRAL SARASOTA PKWY APT-2-309 CITY-ST-ZIP SARASOTA, FL 34283				☐ Delete	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/28/2005 Daytime Phone # (941) 495-1941	

66010438



01272005 Chg-P CR2E034 (10/03)