

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000142429

**FILED  
May 19, 2005  
Secretary of State****Entity Name:** TROY BOBKOS RESCREENING INC.**Current Principal Place of Business:**702 FALLS OF VENICE CIRCLE  
VENICE, FL 34292 US**New Principal Place of Business:****Current Mailing Address:**702 FALLS OF VENICE CIRCLE  
VENICE, FL 34292 US**New Mailing Address:**

FEI Number: 20-1749153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PREWETT, DANIEL L  
5777 BENEVA RD SO  
SARASOTA, FL 34233 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D,P      ( ) Delete  
Name: BOBKOS, TROY  
Address: 702 FALLS OF VENICE CIRCLE  
City-St-Zip: VENICE, FL 34292 US

Title:      ( ) Delete  
Name:       
Address:       
City-St-Zip:     

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:       
Address:       
City-St-Zip:     

Title: VP      ( ) Change (X) Addition  
Name: STOTHERS, RODNEY  
Address: 702 FALLS OF VENICE CIRCLE  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TROY BOBKOS

P

05/19/2005

Electronic Signature of Signing Officer or Director

Date