

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
07-08-2005 90024 015 \*\*\*150.00  
FILED  
P04000150815

05 JUL 26 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000150815

1. Entity Name  
BOB SUMMERS MOBILE EQUIPMENT REPAIR, INC.



Principal Place of Business  
P.O. BOX 5104  
ST AUGUSTINE, FL 32085

Mailing Address  
P.O. BOX 5104  
ST AUGUSTINE, FL 32085

2. Principal Place of Business

1960 US Hwy 1 South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

Zip

32086

Country

USA

Zip

Country

07052005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1834451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COWAN & PACETTI, INC  
136 MALAGA STREET  
ST AUGUSTINE, FL 32084

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
SUMMERS, BOB  
P.O. BOX 5104  
ST AUGUSTINE, FL 32085

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

12. 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 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: Bob Summers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05

Date

704-814-2038

Daytime Phone #