

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-15-2006 90104 020 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000025192

1. Entity Name

BOB KUJAWA INC.



Principal Place of Business
107 JOHNNYCAKE DR.
NAPLES FL 34110

Mailing Address
107 JOHNNYCAKE DR.
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-2036793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTIN FL 33331

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution: ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NAME KUJAWA, ROBERT
STREET ADDRESS 107 JOHNNYCAKE DR.
CITY- ST- ZIP NAPLES FL 34110

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME
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CITY- ST- ZIP

TITLE NAME ☐ Delete

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CITY- ST- ZIP

TITLE NAME ☐ Delete

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CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-28-06

Date

239-465-9202

Daytime Phone #