

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90014 032 \*\*\*158.75

<b>DOCUMENT # P05000040787</b>					
<b>1. Entity Name</b> BOBIAS & LUCIER INCORPORATED					
<b>Principal Place of Business</b> 2867 GOLDEN POND ORANGE PARK, FL 32073			<b>Mailing Address</b> 2867 GOLDEN POND ORANGE PARK, FL 32073		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2534655	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CARANGUE, CHERYL CPA 12655 RICHFIELD BLVD JACKSONVILLE FL 32218			<b>7. Name and Address of New Registered Agent</b> Name: <b>GEORGE W. LUCIER</b> Street Address (P.O. Box Number is Not Acceptable): <b>2867 GOLDEN POND BLVD</b> City: <b>ORANGE PARK</b> FL Zip Code: <b>32073</b>		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when renouncing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCIER, GEORGE 2867 GOLDEN POND ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBIAS, JR., ASTERIO 4292 HANGING MOSS DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOBIAS, ROLANDO 2867 GOLDEN POND ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBIAS, RODOLFO 180 DOVER BLUFF ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBIAS, REYNALDO 582 CHARLES CARROL ST. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> _____ <small>Signature and typed or printed name of signing officer or director</small>			Date: <b>3/5/2006</b> Daytime Phone #: <b>(904) 349-4658</b>		

66007417



03032006 Chg-P CR2E034 (11/05)



ATTACHMENT

66007417

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

**BOBIAS & LUCIER INCORPORATED**  
2867 GOLDEN POND  
ORANGE PARK, FL 32073

Subject: **BOBIAS & LUCIER INCORPORATED**

Reference Number: **P05000040787**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION