

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 043 ***150.00

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03282006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000062073

1. Entity Name
BOB STILES & SONS, INC.



Principal Place of Business
**5440 N. STATE ROAD 7 SUITE 209
FORT LAUDERDALE, FL 33319**

Mailing Address
**5440 N. STATE ROAD 7 SUITE 209
FORT LAUDERDALE, FL 33319**

2. Principal Place of Business 9900 W. Sample Road		3. Mailing Address 9900 W. Sample Rd	
Suite, Apt. #, etc. 3rd floor		Suite, Apt. #, etc. 3rd floor	
City & State Coral Springs, FL		City & State Coral Springs	
Zip 33065	Country	Zip 33065	Country Broward

4. FEI Number 20-2759880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent VOGEL, DAVID 2999 N.E. 191 ST., FIFTH FLOOR AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Bob Stiles Street Address (P.O. Box Number is Not Acceptable) 9900 W. Sample Road 3rd floor City Coral Springs FL Zip Code 33065	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, ROBERT 5440 N. STATE ROAD 7 SUITE 209 FORT LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stiles, Robert 3300 W. Sample Rd, 3rd floor Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, GAVIN 5440 N. STATE ROAD 7 SUITE 209 FORT LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D stiles, GAVIN 3300 W. Sample Rd., 3rd floor Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, DARON 5440 N. STATE ROAD 7 SUITE 209 FORT LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stiles, Daron 3300 W. Sample Rd. 3rd floor Coral Springs, FL 33065
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
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
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

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.

SIGNATURE: *Robert Stiles* **3/31/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #