2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000077558

1. Entity Name

BOBBY'S PAINTING & PRESSURE CLEANING, INC.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

5200 NE 26TH TERRACE LIGHTHOUSE POINT, FL 33064 5200 NE 26TH TERRACE LIGHTHOUSE POINT, FL 33064



DO NOT WRITE IN THIS SPACE

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2949597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, BOBBY 5200 NE 26TH TERRACE LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

LIGHTHOUSE POINT, FL 33064			IN THIS SPACE			
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 reinstanting) DATE						
	E NOW!!!" FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BOBBY 5200 NE 26TH TERRACE LIGHTHOUSE POINT, FL 33064					
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP		•			U00000725661 05/03/07-80031-016 150.00	
TITLE						
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CITY-ST-ZIP				סם	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
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TITLE			1		·	

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

Daytime Phone #