

2007 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90020 001 ***150.00

DOCUMENT # P05000117427

1. Entity Name

BOB'S WINDOW & SCREEN REPAIR INC.



Principal Place of Business

P.O. BOX 164
DELEON SPRINGS FL 32130

Mailing Address

P.O. BOX 164
DELEON SPRINGS FL 32130

2. Principal Place of Business - No P.O. Box #

5144 UPSON AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 164

Suite, Apt. #, etc.

City & State

DELEON SPRINGS, FL

Zip
32130

Country

UNITED STATES

City & State

DELEON SPRINGS, FL

Zip

32130

Country

UNITED STATES

4. FEI Number 20-3375427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT
5144 UPSON AVE
DELEON SPRINGS FL 32130

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

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PV
WILSON, ROBERT
5144 UPSON AVE
DELEON SPRINGS FL 32130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
WILSON, MINNIE PEARL
5144 UPSON AVE
DELEON SPRINGS FL 32130 ☐ Delete

TITLE
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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

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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:

Robert Wilson ROBERT WILSON

Feb. 14, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/14/07 Page # 1