
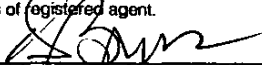
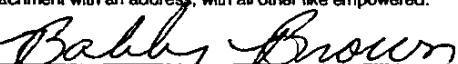


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90006 017 \*\*\*550.00

<b>DOCUMENT # P05000120463</b> 1. Entity Name <b>BOBBY'S DELIVERY &amp; GLAZING SERVICE, INC.</b>			
Principal Place of Business <b>1648 PICCADILLY DRIVE DAYTONA BEACH, FL 32117 US</b>		Mailing Address <b>1648 PICCADILLY DRIVE DAYTONA BEACH, FL 32117 US</b>	
2. Principal Place of Business <b>1648 Piccadilly Drive</b> Suite, Apt. #, etc. <b>None</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country <b>USA</b>		3. Mailing Address <b>1648 Piccadilly Drive</b> Suite, Apt. #, etc. <b>None</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country <b>USA</b>	
4. FEI Number <b>900103829</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEVORE, ROSA L 2428 SOUTH MAPPLE AVENUE SANFORD, FL 32771</b>		7. Name and Address of New Registered Agent Name <b>Denise Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>1648 Piccadilly Drive</b> <b>Daytona Beach, FL 32117</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32117</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. SIGNATURE  DATE <b>9-6-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing 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/T <b>BROWN, BOBBY</b> <b>1648 PICCADILLY DRIVE</b> <b>DAYTONA BEACH, FL 32117</b> <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
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
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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: 		Date <b>9-06-06</b> Daytime Phone # <b>386-316-4896</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			