


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P06000042374	
1. Entity Name BOB SANSONE, INC.	

Principal Place of Business 8447 SEDONIA CIRCLE FT. MYERS, FL 33912	Mailing Address 8447 SEDONIA CIRCLE FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4552166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANSONE, BOB 8447 SEDONIA CIRCLE FT. MYERS, FL 33912	
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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)


Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000844803 03/13/08-80013-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANSONE, BOB 8447 SEDONIA CIRCLE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPRIANO-SANSONE, GLORIA 8447 SEDONIA CIRCLE FT. MYERS, FL 33912
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/29/08** **898-8456**

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