

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000063887

1. Entity Name
BOBBY & ANNETTE'S AUTOMOTIVE, INC.



Principal Place of Business
**1633 STATE AVE
HOLLY HILL, FL 32117**

Mailing Address
**1633 STATE AVE
HOLLY HILL, FL 32117**



05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4835460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILKINS, ROBERT D
1633 STATE AVE
HOLLY HILL, FL 32117**

**DO NOT WRITE
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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILKINS, ROBERT D
STREET ADDRESS	1633 STATE AVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	DVP
NAME	WILKINS, ANNETTE S
STREET ADDRESS	1633 STATE AVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 D Wilkins* ROBERT D WILKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

x 5-19-08 x (386) 623-8884

Daytime Phone #