## **2008 FOR PROFIT CORPORATION**

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**ANNUAL REPORT** 

**DOCUMENT # P07000012816** 1. Entity Name

Principal Place of Business 886 S.W. 29TH TERRACE PALM CITY, FL 34990

BOB CAN FIX IT, INC.

Mailing Address 886 S.W. 29TH TERRACE PALM CITY, FL 34990

**FILED** Mar 12, 2008 08:00 Al **Secretary of State** 



DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-8238904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ROBERT P 886 S.W. 29TH TERRACE PALM CITY, FL 34990

## 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	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees			
10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	DAVIS, ROBERT P	•	
STREET ADDRESS	886 S.W. 29TH TERRACE		
CITY-ST-ZIP	PALM CITY, FL 34990		<u> </u>
TITLE			03/27/08-80004-021 150.00
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12. I hereby certify that the information supplied with this filling 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 cath; 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.