## 2005 FOR PROFIT CORPORATION ANNUAL REPORT .

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jul 05, 2005 08:00 AM Secretary of State **DOCUMENT # P94000067157** 1. Entity Name BOB LEE'S AUTOMOTIVE REPAIR, INC. Mailing Address Principal Place of Business 812 PARK STREET 812 PARK STREET CLEARWATER, FL 33756 CLEARWATER, FL 33756 06292005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3265424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BOSI, DENNIS** 1309 N. OSCEOLA AVE. CLEARWATER, FL 34615 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, typed de printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE **BOSI, DENNIS** NAME STREET ADDRESS 1309 N. OSCEOLA AVE CLEARWATER, FL 33755 CITY-ST-ZIP ----U00000370148 ----U00000370148 -----U00000370148 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.