

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067844

**FILED**  
**Apr 15, 2004**  
**Secretary of State**

**Entity Name:** BOB SEYMOUR, INC.

**Current Principal Place of Business:**

PO BOX 226  
MYERS ANN ST 512  
BRISTOL, FL

**New Principal Place of Business:**

PO BOX 226  
12777 MYERS ANN ST.  
BRISTOL, FL 32321 US

**Current Mailing Address:**

PO BOX 226  
BRISTOL, FL 32321

**New Mailing Address:**

PO BOX 226  
BRISTOL, FL 32321 US

**FEI Number:** 59-3274146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEYMOUR, BOB  
PO BOX 226  
512 MYERS ANN ST  
BRISTOL, FL

**Name and Address of New Registered Agent:**

SEYMOUR, BOB  
PO BOX 226  
12777 MYERS ANN ST  
BRISTOL, FL 32321 US

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.

SIGNATURE: BOB SEYMOUR

04/15/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVTD ( ) Delete  
Name: SEYMOUR, BOB  
Address: 512 MYERS ANN STREET  
City-St-Zip: BRISTOL, FL

Title: ST ( ) Delete  
Name: SEYMOUR, LOIS  
Address: 512 MYERS ANN STREET  
City-St-Zip: BRISTOL, FL 32321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVTD (X) Change ( ) Addition  
Name: SEYMOUR, BOB  
Address: 12777 MYERS ANN STREET  
City-St-Zip: BRISTOL, FL 32321 US

Title: ST (X) Change ( ) Addition  
Name: SEYMOUR, LOIS  
Address: 12777 MYERS ANN STREET  
City-St-Zip: BRISTOL, FL 32321 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB SEYMOUR

PVTD

04/15/2004

Electronic Signature of Signing Officer or Director

Date