

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000029750

1. Entity Name
BOB & PAM, INC.



Principal Place of Business
5924 18TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address
5924 18TH AVENUE NORTH
ST. PETERSBURG, FL 33710

FILED
Apr 02, 2005 08:00 AM
Secretary of State



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3375007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOXWORTH, PAM
5924 18TH AVENUE NORTH
ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

6. 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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FOXWORTH, ROBERT L.
STREET ADDRESS 5924 18TH AVE N
CITY-ST-ZIP ST PETE, FL

TITLE VPST
NAME FOXWORTH, PAMELA R.
STREET ADDRESS 5924 18 AVE N
CITY-ST-ZIP ST PETE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000285115
04/02/05-80031-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pamela R. Foxworth Pamela R. Foxworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

727-393-8778

Daytime Phone #