


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000030824 1. Entity Name BOB GWITZ-BOB GWIZDALA REUPHOLSTERY, INC.	
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Principal Place of Business 38 MILDRED DR FORT MYERS, FL 33901	Mailing Address 38 MILDRED DR FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0655817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GWIZDALA, ROBERT L 38 MILDRED DR FORT MYERS, FL 33901

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST GWIZDALA, ROBERT L 1636 W15 KEY CREEK FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BWIZDALA, NANCY 1636 WIGKEY CREEK FORT MYERS, FL 33919
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IN THIS SPACE**

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03/24/05-80008-016 150.00

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/24/05 239/875-1901 Date Daytime Phone #
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