

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000030824

FILED
Aug 20, 2008
Secretary of State**Entity Name:** BOB GWITZ-BOB GWIZDALA REUPHOLSTERY, INC.**Current Principal Place of Business:**38 MILDRED DR
FORT MYERS, FL 33901**New Principal Place of Business:****Current Mailing Address:**38 MILDRED DR
FORT MYERS, FL 33901**New Mailing Address:****FEI Number:** 65-0655817**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GWIZDALA, RONALD F
38 MILDRED DR
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**GWIZDALA, NANCY
38 MILDRED DR
FORT MYERS, FL 33901 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: NANCY GWIZDALA

08/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: BWIZDALA, NANCY
Address: 1636 WIGKEY CREEK
City-St-Zip: FORT MYERS, FL 33919**Title:** P (X) Delete
Name: GWIZDALA, RONALD F
Address: 1636 WHISKEY CRK
City-St-Zip: FORT MYERS, FL 33919**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: GWIZDALA, NANCY
Address: 1636 WHISKEY CREEK
City-St-Zip: FORT MYERS, FL 33919**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY GWIZDALA

PSTD

08/20/2008

Electronic Signature of Signing Officer or Director

Date