

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 046 ***150.00

DOCUMENT # P96000053856

1. Entity Name
MR. BOBO, INC.



Principal Place of Business

990 N HIGHWAY A1A
INDIALANTIC, FL 32903

Mailing Address

990 N HIGHWAY A1A
INDIALANTIC, FL 32903

1924 HWY A1A 32937
Indian Harbour Beach

1924 HWY A1A 32937
Indian Harbour Beach FL 32937



DO NOT WRITE IN THIS SPACE

06072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3390522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALTER, NANCY E
990 N HIGHWAY A1A
INDIALANTIC, FL 32903

1924 HWY A1A
Indian Harbour Beach
FL 32937

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALTER, NANCY E
STREET ADDRESS	990 N HIGHWAY A1A
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	OWNER
NAME	NANCY SALTER
STREET ADDRESS	1924 HWY A1A
CITY-ST-ZIP	Indian Harbour Beach FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Nancy Salter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-04

Date

321-777-6499

Daytime Phone #

Attachment

44048655

#P9600053856

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the profit annual report is \$550.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Box 2 + 3 New address

IN box # 7
write currently
SAME Name
New address

copy

#8 leave alone

#10 leave alone

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

#11

write
her title
name
diff address
mark box change

Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Chg-P

CR2E034 (10/03)

No annual
Report Notice
Report form
due to error in address in your database

Sign bottom
at letter
w/ better
explain
income address
No prior
notice
or
her sign
send
filing

Attachment

44048655

196000053856

Dear Sir

6-20-04

In regard to our conversation
this was not sent to the correct
address. We asked the extra fee be
waived and you told me what to do
by sending this letter explaining why
it was not paid on time. MR. Bobo
has always been at 1924 Hwy A1A

Indian Harbour Beach, FL

32937

not 990 N A1A Indian Harbour Beach FL

everything else is the same except the
correct address if you need anything else
Please contact me at 321-777-6499

F2I # 59-3390522

Thank you,

Nancy Salter

Nancy Salter owner