-2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

ANNUAL REPORT (AR)

DOCUMENT # P96000056458

1. Entity Name

Principal Place of Business

BOB AMOS CAR COMPANY INC.



FILED Mar 02, 2005 8:00 am Secretary of State

03-02-2005 90087 002 ***150.00

SUITE B MELBOURN	MLDE CIRC E FL 32904	LE		802 POTOMAC DR W MELBOURNE FL 32904 US						eT (4)	J	
us 2. Principal P	lace of Busin	ess	3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			15	1st MOORE CR2E034 (10/04)				
City & State			City	City & State			4. FEI Numb	4. FEI Number 59-3393937 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Count		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current R				legistered Agent			7. Name and Address of New Registered Agent					
	_ t-					Name						
AMOS, JANICE M 4773 SPLIT RAIL PLACE MU MELBOURNE FL 32904 20			my add	address is: 2 Potomac Dr. melbourne, Fl.		Street Address (P.O. Box Number is Not Acceptable)						
WE	-ROUKINE	FL 32904	802 P	otomac i)r,							
$\overline{\omega}$			w.me	. melbourne, M. 32904		City			FL	Zip Code	e	
	named entity tions of regist		ment for the purp	ose of changing its	registere	ed office or r	registered agent, or bo	oth, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGIVATORE.	Signature, typed	or printed name of register	red agent and title it app	slicable (NOTE	E. Registere	d Agent signaturi	e required when reinstating)	······································	DATE			
After	May 1, 200	! FEE IS \$150.0 5 Fee Will Be \$5 Florida Departn	550.00					Election Campaig Trust Fund Contri			00 May Be	
lakery .			A Company of the Comp	!				1				
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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 TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-20-05 321-258-5828
Date Destroe Phone #