

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000002179

1. Entity Name
BOB TERRY P D R, INC.



Principal Place of Business
**1123 SEMINOLE DRIVE
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address
**1123 SEMINOLE DRIVE
INDIAN HARBOUR BEACH, FL 32937**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3495909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TERRY, ALITIA
1123 SEMINOLE DRIVE
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 ratifying)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000500949

04/27/06 80043-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TERRY, ROBERT F
STREET ADDRESS	1123 SEMINOLE DR.
CITY-ST-ZIP	INDIANA HARBOUR BEACH, FL 32937
TITLE	S
NAME	ALITIA, TERRY
STREET ADDRESS	1123 SEMINOLE DR.
CITY-ST-ZIP	IND. HBR. BCH, 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 exemptions contained 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 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: *Alitia Terry* **Alitia Terry / Secretary** 4/10/06 321.773.0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #