2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022233

1. *Entity Name*
BOB'S COINS & JEWELRY, INC.

Principal Place of Business	Mailing Address
17860 SE 109 AVE 621 SUMMERFIELD, FL 34491 US	17860 SE 109 AVE 621 SUMMERFIELD, FL 34491 US

DO NOT WRITE IN THIS SPACE

03052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3498305	Not Applicable

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

6. Name and Address of Current Registered Agent

IRWIN, LYLE R
17860 SE 109TH AVE
#621
SUMMERFIELD, FL 34491

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 $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000263920 03/15/05-80005-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	O
NAME	IRWIN, LYLE
STREET ADDRESS	17860 SE 109TH AVE #621
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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; ... 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 ... 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: _____   3/14/04   (352) 347-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #