2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM Secretary of State

| ANNUAL | KEPUKI_ | | | | CC4 |
|--|--|---|--|--|---|
| DOCUMENT # P98000073511 1. Entity Name BOBEC MANAGEMENT SERVICES, INC. | | | | Sec | cretary of State |
| Principal Place of Business 3853 GALL BLVD ZEPHYRHILLS, FL 33541 | Mailing Address 3853 GALL BLVD ZEPHYRHILLS, FL 33541 | ٠ | | ************************************** |) 8 000 (8000 kila) oliqe shok kibol il 1000 |
| DO NOT WRITE | | CE | 01072005 4. FEI Numbe 59-2801 | No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required |
| 8. Name and Address of Current Res BAERMAN, ROBERT 3853 GALL BLVD ZEPHYRHILLS, FL 33541 | şistered Agent | | | NOT W | |
| 8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typod of printed name of registered agent and | ROBERTE B | AELLAHN ed Agent signaturo requírec | 3 when reinstaling) | | 2/14/05 DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS | | | .00 May Be led to Fees | 02/16/05 | 0230894 -80009-009 150.00 |
| TITLE PVST NAME BAERMAN, ROBERT E STREET ADDRESS 5628 BEECH ST CITY-ST-ZIP ZEPHYRHILLS, FL 33540 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12010113 | Same and the same | | in the second se | |
| LE WE SEET ADDRESS Y-ST-ZIP LE WE SEET ADDRESS Y-ST-ZIP Y-ST-ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | The state of the s | | · |

12. I hereby certify that the information supplied with this filling 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 attachness with all other like empowered.

 \mathcal{O}_{i}

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 813788 7219