


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014804 1. Entity Name BOBBY FOLEY MOBILE REPAIR, INC.	
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Principal Place of Business 1937 GRAND STREET JACKSONVILLE, FL 32208	Mailing Address 1937 GRAND STREET JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE

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02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3556181	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FOLEY, BOBBY G
7550 SYCAMORE STREET
JACKSONVILLE, FL 32219

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000064204 02/24/04-80003-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, BOBBY 1957 GRAND ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLEY, JUDITH 1937 GRAND ST JACKSONVILLE, FL 32208
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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: Judith Foley JUDITH FOLEY 2-23-04 904-924-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #