


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90180 022 \*\*\*150.00

<b>DOCUMENT # P99000014804</b> 1. Entity Name <b>BOBBY FOLEY MOBILE REPAIR, INC.</b>			
Principal Place of Business 1937 GRAND STREET JACKSONVILLE, FL 32208		Mailing Address 1937 GRAND STREET JACKSONVILLE, FL 32208	
2. Principal Place of Business <b>1639 Rowe Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1639 Rowe Avenue</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, Florida</b> Zip <b>32208</b> Country		City & State <b>Jacksonville, Florida</b> Zip <b>32208</b> Country	
4. FEI Number <b>59-3556181</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOLEY, BOBBY G</b> <b>7550 SYCAMORE STREET</b> <b>JACKSONVILLE, FL 32219</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, BOBBY 1957 GRAND ST JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Foley, Bobby 1639 Rowe Avenue Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLEY, JUDITH 1937 GRAND ST JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Foley, Judith 1639 Rowe Avenue Jacksonville FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Judith Foley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-07-05 904-924-2443 <small>Date Daytime Phone #</small>	