


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000059113 1. Entity Name DI-BOB ENTERPRISES, INC.		
Principal Place of Business 715 PENNYROYAL PL BRANDON, FL 33510	Mailing Address 715 PENNYROYAL PLACE BRANDON, FL 33510	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNER, DIANA L 715 PENNYROYAL PL BRANDON, FL 33510		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000475047 04/04/06-80048-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TURNER, ROBERT M 715 PENNYROYAL PL BRANDON, FL 33510	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TURNER, DIANA L 715 PENNYROYAL PL BRANDON, FL 33510	
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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: <u><i>Diana Turner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/06 <small>Date Daytime Phone #</small>



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3584979

Applied For
Not Applicable

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