2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S81132

1. Entity Name

BOB'S BIG BASS BV PARK, INC.



FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90108 050 ***150.00

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Principal Plac	ce of Business	Mailing Address:		
12766 HIGH OKEECHOE	HWAY-4412S.E. BEE FL 34974	OKEECHOBEE FL 34	its.epapuenhika. Inder 1974 –	Fig. Blue commences on a constructive of the constructive and constructive constructive constructive and any analysis of the constructive and the constructi
	2. Mary San Company			I TORNIOT TO TOTAL THAN HAVE WITH WAS ALONG THE REAL AND THAN ALONG BETTING IN 1944
2. Principal Place of Business		3. Mailing Address ,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-0294857 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
·		'	Name	• ••••
LAMB, HOWARD L. 12766 HWY 441 SE OKEECHOBEE FL 34974			Street Addres	s (P.O. Box Number is Not Acceptable)
,			<u> </u>	
,	Statements		City	FL Zip Code
	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Fiorida. I am familiar with, and acce
IGNATURE				· · · · · · · · · · · · · · · · · · ·
0000000000	Signature, typed or printed name of registered a	tor Anna a valozi	TE: Registered Agent signature requ	nred when reinstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen).00%%%\\		9. Election Campaign Financing Trust Fund Contribution. Added to Fees
0.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE IAME	D LAMB, HOWARD L.	Delete	TITLE NAME	☐ Change ☐ Additi
TREET ADDRESS	357 FLEMING AVE.		STREET ADDRESS	
ITY-ST-ZIP TLE	GREENACRES FL	Delete	CITY-ST-ZIP	☐ Change ☐ Addit
ame	LAMB, DOROTHY J.	LA Delete	NAME .	_ Olialige Addit
TREET ADDRESS ITY-ST-ZIP	357 FLEMING AVE. GREENACRES FL		STREET ADDRESS CITY-ST-ZIP	•
ITLE		☐ Delete	TITLE	☐ Change ☐ Additi
reet address			NAME STREET ADDRESS	
TY-ST-ZIP			CITY-ST-ZIP	
ITLE AME		☐ Delete	TITLE NAME	☐ Change ☐ Addit
TREET ADDRESS			STREET ADDRESS	
TY-ST-ZIP TLE		Delete	CITY-ST-ZIP	☐ Change ☐ Addil
AME			NAME	
'REET ADDRESS TY-ST-ZIP			STREET ADDRESS CATY-ST-ZIP	
TLE		☐ Delete	TITLE	☐ Change ☐ Addit
ame Freet address			NAME STREET ADDRESS	
CITY - ST - ZIP			CITY-ST-ZIP	
2. I hereby indicated	certify that the information supplied don this report or supplemental repo	with this filing does not qualify for is true and that	or the exemption stated in my signature shall have th	Section 119,07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or directors. Florida Statutes; and that my name appears in Block 10 or Block 11
of the col changed	rporation or the receiver or trustee e I, or on an attachment with an addre	mpowered to effecute this reports, with all other like empowers	y as required by Chapter 6 d.	507, Florida Statutes; and that my name appears in Block 10 or Block 11
SIGNAT	rure: X 1 toa	I Jam	MALLANA	rd 1 Lamb 3-9-2005-863 763 263
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Daytme Phone #