

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 499479

**Entity Name:** BOB'S SPACE RACERS, INC.**Current Principal Place of Business:**427 15TH STREET  
HOLLY HILL, FL 32117**Current Mailing Address:**427 15TH STREET  
HOLLY HILL, FL 32117**FEI Number:** 59-1662454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASSATA, ROBERT C.  
427 15TH ST.  
HOLLY HILL, FL 32117 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CD
Name	CASSATA, ROBERT C
Address	648 PILOT ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	SD
Name	CASSATA, JOYCE
Address	648 PILOT ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	CEO
Name	COOK, GLENDA
Address	7 FOXFORDS CHASE
City-State-Zip:	ORMOND BEACH FL 32174

Title	P
Name	COOK, II, JACK D
Address	7 FOXFORDS CHASE
City-State-Zip:	ORMOND BEACH FL 32174

Title	VCFO
Name	LANE, MICHAEL S
Address	6085 SANCTUARY GARDEN BLVD
City-State-Zip:	PORT ORANGE FL 32128

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT CASSATA****CHIEF DIRECTOR****02/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date