# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096279

Entity Name: BOB ALOU, INC.

#### **Current Principal Place of Business:**

3380 STRINGFELLOW ROAD SAINT JAMES CITY, FL 33956

## **Current Mailing Address:**

3120 ROUTE 94 CHESTER, NY 10918

# FEI Number: 20-3261588

### Name and Address of Current Registered Agent:

MARTIN, ROBERT MD 2055 SOUTH ATLANTIC AVE, APT 801 DAYTONA BEACH, FL 32118 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PD	Title	SD
Name	DESTEFANO, ALBERT F	Name	DESTEFANO, EILEEN P
Address	3120 ROUTE 94	Address	3120 ROUTE 94
City-State-Zip:	CHESTER NY 10918	City-State-Zip:	CHESTER NY 10918
Title	D	Title	D
Name	AMENDOLAGINE, LOUIS P	Name	AMENDOLAGINE, GERI T
Address	16 CRANBERRY ROAD	Address	16 CRANBERRY ROAD
City-State-Zip:	WASHINGTONVILLE NY 10992	City-State-Zip:	WASHINGTONVILLE NY 10992
Title	D		
Name	MARTIN, ROBERT J		
Address	2055 SOUTH ATLANTIC AVE, APT 801		
City-State-Zip:	DAYTONA BEACH FL 32118		

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: ALBERT F DESTEFANO

PD

Electronic Signature of Signing Officer/Director Detail

Date