## 2017 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 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, ROBERT MD 2055 SOUTH ATLANTIC AVE, APT 801 DAYTONA BEACH, FL 32118 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

FILED Jan 11, 2017

**Secretary of State** 

CC7110406627

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

**SECRETARY** 

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date