

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-04-2008 90037 048 ***150.00

DOCUMENT # L37338	
1. Entity Name RICK DOBBS CONTRACTOR, INC.	

Principal Place of Business % RICK DOBBS 11100 SW 95TH ST MIAMI FL 33176	Mailing Address % RICK DOBBS 11100 SW 95TH ST MIAMI FL 33176
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66002772



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent DOBBS, RICK 11100 SW 95TH ST MIAMI FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) City FL Zip Code	
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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 *Rick Dobbs* **RICK DOBBS Pres 3.3.08**
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent's name must appear on this statement.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DOBBS, RICK			NAME			
STREET ADDRESS	11100 SW 95TH ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	DV	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DOBBS, RICK JR			NAME			
STREET ADDRESS	11100 SW 95 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	DS	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DOBBS, BEVERLEY			NAME			
STREET ADDRESS	11100 SW 95 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE: *Rick Dobbs* **RICK DOBBS Pres 3.3.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR