


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98547
 1. Entity Name
BOB'S LANDCLEARING, INC.



Principal Place of Business
**2424 MITCHELL ISLAND ROAD
 DELTONA, FL 32738**

Mailing Address
**2424 MITCHELL ISLAND ROAD
 DELTONA, FL 32738**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031632

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBINSON, DAVID C.
 1326 S. RIDGEWOOD AVENUE
 #6
 DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000513988
 04/29/06-80150-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO PRIVETT, ROBERT 2424 MITCHELL ISLAND RD DELTONA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PRIVETT, CYNTHIA 2424 MITCHELL ISLAND RD DELTONA, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: *Cynthia Privett* **Cynthia Privett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-13-06** Date

Daytime Phone #: **386/780-1741** Daytime Phone #