

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L98547 1. Entity Name BOB'S LANDCLEARING, INC.	
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Principal Place of Business 2424 MITCHELL ISLAND ROAD DELTONA, FL 32738	Mailing Address 2424 MITCHELL ISLAND ROAD DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3031632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIVETT, ROBERT 2424 MITCHELL ISLAND RD DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRIVETT, CYNTHIA 2424 MITCHELL ISLAND RD DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/07-80003-018 150.00

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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 7-2-07 386-789-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #