

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
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**



04072008 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 <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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

00000895789

10. OFFICERS AND DIRECTORS

04/24/08-80082-003 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-789-1747