2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

1. Entity Name BOBBY COLLINS, INC.						03-20-20	08 90041 ()43 **	*150.00
Principal Place of Business 11860 VALENCIA GARDENS AVE PALM BEACH GARDENS, FL 33410		Mailing Address 11860 VALENCIA GARDENS AVE PALM BEACH GARDENS, FL 33410			υυυυ υ υ				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092008	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number				optied For ot Applicable
Zip	Country	Zip	Country	,	5. Certificate o	f Status Desired		3.75 Add e Require	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
COLLINS, ROBERT M JR 11860 VALENCIA GARDENS AVE				Street Address (P.O. Box Number is Not Acceptable)					
	ACH GARDENS, FL 33410								
	ů.		-	City			FL	Zip Cod	0
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									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	ng \$5.I □ Adde	00 May Be ed to Fees	<u> </u>					
, 10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OF			
TŲLE NAME	COLLINS, ROBERT M JR	☐ Oelete	NAME				L] Change	☐ Addilijon
STREET ADDRESS City-St-Zip	11860 VALENCIA GARDENS AVE. SIRE PALM BEACH GARDENS, FL 33410 0119			ADORESS :					
TITLE	VP	☐ Detete	nne				C] Change	Addition
MAME Street Address	COLLINS, ROBERT M JR 11860 VALENCIA GARDENS AV	E	STREET A	ADORESS					1
CITY-ST-ZIP.	PALM BEACH GARDENS, FL 33	1410 ☐ Oelete	CITY-ST	1-21P				1 Change	- Addition
NAME		C. Veste	HAME				L) compa	Addition (
STREET ADDRESS CITY-ST-ZIP			STREET A						-
TITLE		☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET A						1
MLE		☐ Delete	TIFLE		······································			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET A						
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is population or the receiver or trustee armo	true and accurate and that m	the exemp	ptions contained shall have the si	ame legal effect s	ss if made under	oath; that I am a	an officer o	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: 110 00 30 17007 130 0 Degrame Phone 8									