

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094970

FILED
Jan 27, 2008
Secretary of State

Entity Name: REBOB, INC

Current Principal Place of Business:

848 BAYOU VIEW DR
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2032
VALRICO, FL 335952032

New Mailing Address:

FEI Number: 65-0875585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERHACS, ROBERT J
Address: 848 BAYOU VIEW DR
City-St-Zip: BRANDON, FL 33510

Title: VSTD () Delete
Name: PERHACS, ROSEMARY
Address: 848 BAYOU VIEW DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: PARKER, JODI
Address: 11657 TROPICAL ISLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: PERHACS, JASON
Address: 768 MEADOWVIEW CT
City-St-Zip: LAKE VILLA, IL 60046

Title: D () Delete
Name: PERHACS, JEROD
Address: 40 E BLOOMFIELD LANE
City-St-Zip: WESTFIELD, IN 46074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J PERHACS

PD

01/27/2008

Electronic Signature of Signing Officer or Director

_____ Date