

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001373

**Entity Name:** SOBBS INC.

**Current Principal Place of Business:**

544 W. HANCOCK ST.  
LAKELAND, FL 33803

**Current Mailing Address:**

544 W. HANCOCK ST.  
LAKELAND, FL 33803

**FEI Number:** 46-4980906

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTEVE, LORI SPRAY  
544 W. HANCOCK ST.  
LAKELAND, FL 33803 US

*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

**Officer/Director Detail :**

Title P/D  
Name SPRAY ESTEVE, LORI  
Address 544 W. HANCOCK ST.  
City-State-Zip: LAKELAND FL 33803

Title T/D  
Name ESTEVE, ROD  
Address 544 W. HANCOCK ST.  
City-State-Zip: LAKELAND FL 33803

Title S/D  
Name SIMMONS, GLORIA  
Address 544 W. HANCOCK ST.  
City-State-Zip: LAKELAND FL 33803

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SPRAY ESTEVE, LORI

MRS.

08/30/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date