


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 045 ***150.00

DOCUMENT # 410469 1. Entity Name BOB'S CANOE RENTAL AND SALES INC					
Principal Place of Business 4569 PLOWMAN LANE MILTON, FL 32583 US			Mailing Address 4569 PLOWMAN LANE MILTON, FL 32583 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1424048	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COHRON, PATRICIA 4569 PLOWMAN LN MILTON, FL 32583			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: V <input type="checkbox"/> Delete NAME: PERRY, JEAN STREET ADDRESS: 4569 PLOWMAN LANE CITY-ST-ZIP: MILTON, FL 32583			TITLE: secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Perry, JEAN STREET ADDRESS: 4569 PLOWMAN LANE CITY-ST-ZIP: MILTON FL 32583		
TITLE: P <input type="checkbox"/> Delete NAME: PLOWMAN, M M STREET ADDRESS: 4569 PLOWMAN LANE CITY-ST-ZIP: MILTON, FL 32583			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: VP <input type="checkbox"/> Delete NAME: PLOWMAN, WILLIAM T. STREET ADDRESS: 4569 PLOWMAN LN CITY-ST-ZIP: MILTON, FL			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: T <input type="checkbox"/> Delete NAME: COHRON, PATRICIA STREET ADDRESS: 4569 PLOWMAN LN CITY-ST-ZIP: MILTON, FL			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: M. M. PLOWMAN, OWNER, PRS. 2-25-08 850-623-5457					