

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612385

Entity Name: BOB LEDBETTER SALES, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

913 IRIS DRIVE
DELRAY BCH, FL 33483

New Principal Place of Business:

Current Mailing Address:

913 IRIS DRIVE
DELRAY BCH, FL 33483

New Mailing Address:

FEI Number: 59-1891215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEDBETTER, ROBERT
913 IRIS DRIVE
DELRAY BCH, FL 33483 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: V () Delete
Name: LEDBETTER, SILVIA
Address: 913 IRIS DR
City-St-Zip: DELRAY BEACH, FL

Title: PSTD () Delete
Name: LEDBETTER, ROBERT G
Address: 913 IRIS DR
City-St-Zip: DELRAY BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: LEDBETTER, SILVIA
Address: 913 IRIS DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: PSTD (X) Change () Addition
Name: LEDBETTER, ROBERT G
Address: 913 IRIS DR
City-St-Zip: DELRAY BCH, FL 33483

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 G LEDBETTER

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date