

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77923

FILED
Jan 06, 2009
Secretary of State

Entity Name: BOB GREEN CONSTRUCTION, INC.

Current Principal Place of Business:

2118 ARGONAUT RD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

2118 ARGONAUT RD.
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-2363186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, ROBERT L.
2118 ARGONAUT RD.
AVON PARK, FL 33825 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: 3T () Delete
Name: GREEN, ROBERT L.,
Address: 2118 ARGONAUT RD.
City-St-Zip: AVON PARK, FL

Title: VS () Delete
Name: GREEN, SHARON,
Address: 2118 ARGONAUT RD.
City-St-Zip: AVON PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 3T (X) Change () Addition
Name: GREEN, ROBERT L.,
Address: 2118 ARGONAUT RD.
City-St-Zip: AVON PARK, FL 33825

Title: VS (X) Change () Addition
Name: GREEN, SHARON,
Address: 2118 ARGONAUT RD.
City-St-Zip: AVON PARK, FL 33825

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 L. GREEN

3T

01/06/2009

Electronic Signature of Signing Officer or Director

Date