


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90046 019 \*\*\*150.00

<b>DOCUMENT # J98146</b>	
1. Entity Name <b>R &amp; M BOBCAT SERVICE, INC.</b>	

Principal Place of Business <b>6316 WHITE SABAL PALM LN. LAKE WORTH FL 33463 US</b>	Mailing Address <b>4796 WAYMOUTH ST LAKE WORTH FL 33463 US</b>
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2. Principal Place of Business <b>6316 White Sabal Palm Ln</b>	3. Mailing Address <b>6316 White Sabal Palm Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GREEN ACRES FL</b>	City & State <b>GREEN ACRES, FL</b>
Zip <b>33463</b>	Zip <b>33463</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2849505</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>Lajoie, Ralph 4796 WEYMOUTH ST. LAKE WORTH FL 33463</b>	
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7. Name and Address of New Registered Agent Name: <b>Ralph Lajoie</b> Street Address (P.O. Box Number is not Acceptable) <b>6316 White Sabal Palm Ln</b> City: <b>Green Acres</b> FL Zip Code: <b>33463</b>	
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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: <b>Ralph Lajoie</b> DATE: <b>4/17/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP LAJOIE, RALPH 4796 WAYMOUTH ST LAKE WORTH FL 33463</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUP LAJOIE, RALPH 6316 White Sabal Palm Ln Green Acres, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <b>Ralph Lajoie</b>	<b>Ralph Lajoie</b>	DATE: <b>4/17/04</b>	DAYTIME PHONE #: <b>561 602 5917</b>
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