... 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K40799

1. Entity Name SAMPSON'S BOBCAT SERVICE, INC.



FILED Feb 27, 2006 08:00 AN Secretary of State

Principal Place of Business

17790 96TH STREET LIVE OAK, FL 32060 Mailing Address

17790 96TH STREET LIVE OAK, FL 32060



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0084806 Not Applicable

5. Certificate of Status Desired_

01302006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SAMPSON, JEFFERY D 17790 96TH STREET LIVE OAK, FL 32060

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMPSON, JEFFERY DAVID 17790 96TH STREET LIVE OAK, FL 32060				
THLE NAME STREET ADDRESS CITY-ST-ZIP					1000000449061 03/09/06-80038-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
11TLE NAME STREET ADDRESS GHY-ST-ZIP					
TITLE 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 ceth; 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.					

AME OF SIGNING OFFICER OR DIRECTOR