2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

FILED Feb 16, 2007 08:00 AM Secretary of State

| DOCUMENT # K40799 1. Entity Name SAMPSON'S BOBCAT SERVICE, INC. | Secretary of Star |
|---|---|
| Principal Place of Business Mailing Address 17790 96TH STREET 17790 96TH STREET LIVE OAK, FL 32060 US LIVE OAK, FL 32060 US | |
| DO NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent SAMPSON, JEFFERY D 17790 96TH STREET LIVE OAK, FL 32060 | 01082007 No Chg-P CR2E034 (11/05) 4. FEI Number |
| 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, heads 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, heads 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution | |
| 10. OFFICERS AND DIRECTORS IITLE DP NAME SAMPSON, JEFFERY DAVID SIREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32060 ITTLE NAME SIREET ADDRESS CITY-ST-ZIP | U00000638848 02/28/07-80001-005 150.00 |
| TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signs of the corporation or the receiver or trustee emplowered to execute this report as required and that my signs of the corporation or the receiver or trustee emplowered to execute this report as required and that my signs of the corporation or the receiver or trustee emplowered to execute this report as required and the corporation of the receiver or trustee employered to execute this report as required and the corporation of the receiver or trustee employered to execute this report as required. | temptions contained in Chapter 119, Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an officer or director lired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |