2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2008 08:00 AN **Secretary of State** DOCUMENT # K40799 SAMPSON'S BOBCAT SERVICE, INC. Principal Place of Business Mailing Address 17790 96TH STREET 17790 96TH STREET LIVE OAK, FL 32060 US LIVE OAK, FL 32060 DO NOT WRITE IN THIS SPACE 01232008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0084806 Not Applicable the desired on the state of the \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAMPSON, JEFFERY D DO NOT WRITE 17790 96TH STREET LIVE OAK, FL 32060 IN THIS SPACE 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) H00000814209 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SAMPSON, JEFFERY DAVID NAME STREET ADDRESS 17790 96TH STREET CITY-ST-ZIP LIVE OAK, FL 32060 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TOPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 386-2302

FILED