

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L23246

1. Entity Name
BOBBY T, INC.



Principal Place of Business
4700 CRUMP RD STE A
LAKE HAMILTON, FL 33851 US

Mailing Address
PO BOX 1168
HAINES CITY, FL 33845 US

FILED
Apr 14, 2008 08:00 AM
Secretary of State



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2982021

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TALRICO, BOBBY
4700 CRUMP ROAD
SUITE #A
LAKE HAMILTON, FL 33851

**DO NOT WRITE
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)

4/11/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

U000000898638
04/28/08-80004-014 317.50

10. OFFICERS AND DIRECTORS

TITLE P
NAME TALRICO, BOBBY
STREET ADDRESS 4700 CRUMP RD STE A
CITY-ST-ZIP LAKE HAMILTON, FL 33851

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

863-422-8355

Daytime Phone #