



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90392 024 \*\*\*150.00

<b>DOCUMENT # L48417</b> 1. Entity Name <b>JIM BRANN'S BOBCAT SERVICE INC.</b>					
Principal Place of Business % JAMES C. BRANN 3420 NE 11 TERR POMPANO BEACH FL 33064				Mailing Address % JAMES C. BRANN 3420 NE 11 TERR POMPANO BEACH FL 33064	
2. Principal Place of Business <b>644 Bayfront TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>644 Bayfront TERRACE</b> Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State <b>Sebastian FLORIDA</b>		City & State <b>Sebastian FLORIDA</b>		4. FEI Number <b>65-0177008</b>	
Zip <b>32958</b> Country <b>Indian River</b>		Zip <b>32958</b> Country <b>Indian River</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRANN, JAMES C.</b> <b>3420 NE 11 TERR</b> <b>POMPANO BEACH FL 33064</b>				7. Name and Address of New Registered Agent Name <b>JAMES C. BRANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 Bayfront TERRACE</b> City <b>Sebastian</b> <b>FL</b> Zip Code <b>32958</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRANN, JAMES C.</b> <b>3420 NE 11 TERR</b> <b>POMPANO BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES C. BRANN</b> <b>644 Bayfront TERRACE</b> <b>Sebastian FL 32958</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRANN, KIMBERLY F.</b> <b>3420 NE 11 TERR</b> <b>POMPANO BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kimberly F. Brann</b> <b>644 Bayfront TERRACE</b> <b>Sebastian FL 32958</b>	<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.					
<b>SIGNATURE:</b> _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>1/3/05</b> Date Daytime Phone #	