2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M70254

1. Entity Name
BOB'S OSCEOLA 66 SERVICE, INC.

Principal Place of Business	Mailing Address
211 E VINE ST KISSIMMEE, FL 34744	211 E VINE ST KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2884029

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BOWEN, ROBERT D.
211 EAST VINE STREET
KISSIMMEE, FL 34744

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 of new registered agent (if applicable) 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWEN, ROBERT D.
STREET ADDRESS	211 E. VINE ST
CITY ST ZIP	KISSIMMEE, FL
TITLE	D
NAME	BOWEN, BONITA L.
STREET ADDRESS	211 E. VINE ST
CITY ST ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000839295
03/06/08-80002-016 150.00

DO NOT WRITE 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: Bonita L. Bowen Bonita L. Bowen - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date