

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77941

FILED
Mar 20, 2008
Secretary of State

Entity Name: COTHRON'S BOBCAT SERVICE, INC.

Current Principal Place of Business:

12780 DR. M.L.K. BLVD.
DOVER, FL 33527 US

New Principal Place of Business:

2922 SHADY ACRES ROAD
DOVER, FL 33527 US

Current Mailing Address:

12780 DR. M.L.K. BLVD.
DOVER, FL 33527 US

New Mailing Address:

2922 SHADY ACRES ROAD
DOVER, FL 33527 US

FEI Number: 59-2885086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTHRON, JOSEPH A.
704 OLD DARBY ST.
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COTHRON, JOSEPH A.,
Address: 704 OLD DARBY ST.
City-St-Zip: SEFFNER, FL

Title: D () Delete
Name: COTHRON, CONNIE L.,
Address: 704 OLD DARBY STREET
City-St-Zip: SEFFNER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. COTHRON

PRES

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date