

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90012 015 ***150.00

DOCUMENT # P00000028872

1. Entity Name

D.E. ROCKE BOBCAT SERVICES, INC.



Principal Place of Business

30 STRATFORD PLACE
ORMOND BEACH FL 32174

Mailing Address

30 STRATFORD PLACE
ORMOND BEACH FL 32174



2. Principal Place of Business - No P.O. Box #

30 STRATFORD PLACE

Suite, Apt. #, etc.

3. Mailing Address

30 STRATFORD PLACE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ORMOND BEACH FL

Zip

32174

Country

FLORIDA

City & State

ORMOND BEACH FL

Zip

32174

Country

FLORIDA

4. FEI Number

59-3629213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S RIDGEWOOD AVE 3210
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

DANIEL ROCKE

Street Address (P.O. Box Number is Not Acceptable)

30 STRATFORD PLACE

ORMOND BEACH

City

FL

Zip Code

32174

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

Daniel E. Roche Daniel E. Roche Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1-23-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
PST	ROCKE, DANIEL	30 STRATFORD PL	ORMOND BEACH FL 32174	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daniel E. Roche Daniel E. Roche President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07 386 673 792