

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000052396

1. Entity Name
JOEL'S BOBGAT SERVICE, INC.



Principal Place of Business
9379 GRIZZLY BEAR LANE
BROOKSVILLE, FL 34613

Mailing Address
POST OFFICE BOX 5352
SPRING HILL, FL 34611



02052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3648009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUGLIARO, LORI
9379 GRIZZLY BEAR LANE
BROOKSVILLE, FL 34613

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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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
DPST
BUGLIARO, LORI
9379 GRIZZLY BEAR LANE
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BUGLIARO, ANTHONY D
9379 GRIZZLY BEAR LANE
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 VP
PROCUNIER, JAMES B
9379 GRIZZLY BEAR LANE
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000280243
03/30/05-80011-013 150.00

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IN THIS SPACE**

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

SIGNATURE: *Lori Bugliaro* LORI BUGLIARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/05
Date

Daytime Phone #