

# 2006.FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000052396

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



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 10 PM 4:48

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

Mailing Address  
POST OFFICE BOX 5352  
SPRING HILL, FL 34611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09292006

Chg-P

CR2E034 (11/05)



4. FEI Number

59-3648009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUGLIARO, LORI  
9379 GRIZZLY BEAR LANE  
BROOKSVILLE, FL 34613

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
BUGLIARO, LORI  
9379 GRIZZLY BEAR LANE  
BROOKSVILLE, FL 34613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800080687382  
10/10/06--01053--006 \$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
CRISTINZIO, JOHN J  
9379 GRIZZLY BEAR LANE  
BROOKSVILLE, FL 34613 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2ND VP  
LATULIP, BOBBY A.  
9495 COUGAR DRIVE  
WEEKI WACHEE, FL 34613 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: X *Lori Bugliaro* LORI BUGLIARO

X 10/4/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #