

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052396

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



FILED
Jun 16, 2008 08:00 AM
Secretary of State

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

Mailing Address
POST OFFICE BOX 5352
SPRING HILL, FL 34611



06102008 No Chg-P CR2E034 (11/05)

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

**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, 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
Due by September 12, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/16/08-80001-007 150.00

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

6-10-08 352-585-0041
Date Daytime Phone #