2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2007 08:00 All Secretary of State DOCUMENT # P00000069691 1. Entity Namo KENNY'S BOBCAT SERVICE, INC. Principal Place of Business Mailing Address 1642 23RD STREET, SW 1642 23RD STREET, SW NAPLES FL 34117 NAPLES FL 34117 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3659819 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WINSLOW, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 1642 23RD STREET, SW NAPLES FL 34117 City Zip Code 8. The above named onlify 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition Defele 11111 WINSLOW, KENNETH J NAME. NAME U00000626464 02/15/07-80017-025 150.00 1642 23RD STREET, SW STREET ADDRESS STREET ADDRESS NAPLES FL 34117 CHY-SI-7P CITY-ST-ZIP пп Change Addition ☐ Defete HHI NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY+S1-7IP 100 Delete THE Change ☐ Addition NAMI NAMI STREET ADDRESS STREET LADDRESS CITY-ST-78P CITY-ST-ZIP 100 Change Addition ☐ Delete NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-7IP HHI ☐ Change ☐ Delete ☐ Addition TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Change 717116 ☐ Delete HITLE Addition NAMI* NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos 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.

ICER OR DIRECTOR