2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013374

1. Entity Name

JEFF DOUGLAS BOBCAT SERVICE, INC.



FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90130 046 ***150.00

Principal Place of Business

14151 SE HWY. 441 OKEECHOBEE, FL 34974 Mailing Address

14151 SE HWY. 441 OKEECHOBEE, FL 34974



DO NOT WRITE IN THIS SPACE

04102005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1076475 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JEFF 14151 SE HWY. 441 OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	app§cable. (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 \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOUGLAS, JEFF 14151 SE HWY, 441 OKEECHOBEE, FL 34974	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Douglas, Jesse 14151 SE HWY 441 Okeechobee, Fl. 34974				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Douglas, Rebecca 14151 SE HWY 441 OKeechober, Fl. 34974			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

HE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

3-634-7416 Daytime Phone #