2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000013374

1. Entity Name

JEFF DOUGLAS BOBCAT SERVICE, INC.



FILED Apr 26, 2006 08:00 AM **Secretary of State**

Principal Place of Business

14151 SE HWY. 441 OKEECHOBEE, FL 34974 Maiting Address

14151 SE HWY. 441 OKEECHOBEE, FL 34974



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1076475

Applied Far 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

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8	 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, it 	n the State of Florida.	t am familiar with, ar	rd accept
	the obligations of registered agent.			

SIGNATURE Signature, typed or printed name of registered agern and title if applicable

(NOTE. Registered Agent signalure required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Un0000535923 /08/06-80072-011 150.00

OFFICERS AND DIRECTORS 10. TITLE DP DOUGLAS, JEFF MALIE STREET ADDRESS 14151 SE HWY, 441 CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME DOUGLAS, JESSE STREET ADDRESS 14151 SE HWY, 441 OKEECHOBEE, Ft. 34974 CITY-ST-ZIP ST DOUGLAS, REBECCA NAME STREET ADDRESS 14151 SE HWY, 441 CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CSTY-ST-ZIP

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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 it 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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR