

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90074 046 ***150.00

DOCUMENT # P01000023318

1. Entity Name

EAST COAST BOBCAT INCORPORATED



Principal Place of Business

**13761 82 ST. NORTH
WEST PALM BEACH FL 33412**

Mailing Address

**13761 82 ST. NORTH
WEST PALM BEACH FL 33412**

2. Principal Place of Business

13441 Highway 441 SE.

Suite, Apt. #, etc.

3. Mailing Address

13441 Highway 441 SE.

Suite, Apt. #, etc.

City & State

Okeechobee Florida

Zip
34974

Country

USA

City & State

Okeechobee, Florida

Zip

34974

Country

USA

4. FEI Number

65-1110378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, MARGARET
9880 NW 25 CT.
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **Margaret Stafford**

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

828 S.W. Balmoral Trace

City **Stuart**

FL

Zip Code
34997

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STAFFORD, ROBERT H**
STREET ADDRESS **13761 82 ST. NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **D** ☐ Delete
NAME **STAFFORD, NORMA J**
STREET ADDRESS **13761 82 ST. NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13441 Highway 441 S.E.**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13441 Highway 441 S.E.**
CITY-ST-ZIP **Okeechobee, FL 34974**

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CITY-ST-ZIP

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

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:

Norma Jean Stafford (Norma Jean Stafford)

April 7, 2004

863-357-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #