

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000039287	
1. Entity Name SOUTH FLORIDA BOBCAT, INC.	

Principal Place of Business 2211 SW 53RD TERR. CAPE CORAL, FL 33914	Mailing Address 2211 SW 53RD TERR. CAPE CORAL, FL 33914
---	---

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1109692	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEEMS, SEAN A 2211 SW 53RD TERR. CAPE CORAL, FL 33914	
--	--

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 file if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000907009 05/05/08-80021-007 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS DEEMS, SEAN A 2211 SW 53RD TERR. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEEMS, JULIE 2211 SW 53RD TERR. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: <i>x Julie Deems Julie Deems</i>	Date: <i>x 4/14/08</i>	Daytime Phone #: <i>x 239-770-7870</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		