


**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90085 008 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000068099</b>					
1. Entity Name <b>PAT'S BOBCAT SERVICE, INC.</b>					
Principal Place of Business <b>2238 COUNTRY PLACE CIR. PENSACOLA, FL 32534</b>			Mailing Address <b>2238 COUNTRY PLACE CIR. PENSACOLA, FL 32534</b>		
2. Principal Place of Business <b>1571 EVERS HAVEN</b>		3. Mailing Address <b>P.O. Box 636</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Cantonment, FL</b>		City & State <b>MOLINO, FL</b>		4. FEI Number <b>59-3731802</b>	
Zip <b>32533</b>		Country <b>Escambia</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32577</b>		Country <b>Escambia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STURGEN, WILLIAM M JR. 2253 COUNTRY PLACE CIR. PENSACOLA, FL 32534</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MANDERSCHIED, PAT J 2238 COUNTRY PLACE CIR. PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 636 MOLINO, FL 32577</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MANDERSCHIED, KAY D 2238 COUNTRY PLACE CIR. PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 636 MOLINO, FL 32577</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Kay J Manderscheid</u> Kay manderscheid 4-12-05 850-587-3836					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #