

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 020 ***150.00

DOCUMENT # P02000092215					
1. Entity Name BOB'S SERVICE & GAS, INC.					
Principal Place of Business 12300 SEMINOLE BLVD. LOT #67 SEMINOLE, FL 33778			Mailing Address 12300 SEMINOLE BLVD. LOT #67 SEMINOLE, FL 33778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 32-0028649	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEAU, NINA K 12300 SEMINOLE BLVD. LOT #67 SEMINOLE, FL 33778			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 <u>Nina K. Deau</u> <u>NINA K. DEAU ST</u> <u>1/26/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME DEAU, ROBERT C JR STREET ADDRESS 12300 SEMINOLE BLVD #67 CITY-ST-ZIP LARGO, FL 33778	<input checked="" type="checkbox"/> Delete		TITLE P NAME DEAU, ROBERT SR. STREET ADDRESS 12300 SEMINOLE BLVD. #67 CITY-ST-ZIP LARGO, FL 33778	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME DEAU, ROBERT SR STREET ADDRESS 12300 SEMINOLE BLVD #67 CITY-ST-ZIP LARGO, FL 33778	<input checked="" type="checkbox"/> Delete		TITLE V NAME DEAU, ROBERT C. JR STREET ADDRESS 12300 SEMINOLE BLVD. #67 CITY-ST-ZIP LARGO, FL 33778	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME DEAU, NINA K STREET ADDRESS 12300 SEMINOLE BLVD #67 CITY-ST-ZIP LARGO, FL 33778	<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	
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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 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>Nina K. Deau</u> <u>NINA K. DEAU</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/26/2007</u> <u>727-588-9125</u> <small>Date Daytime Phone #</small>		

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