

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

03-15-2007 90028 029 ***150.00

DOCUMENT # P03000039668 1. Entity Name TERRY'S BOBCAT SERVICES, INC.	
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Principal Place of Business 19834 SUGARLOAF MOUNTAIN RD. CLERMONT, FL 34711-6851	Mailing Address 19834 SUGARLOAF MOUNTAIN RD. CLERMONT, FL 34711-6851
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0514975	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent JERNIGAN, PATTI JO 836 W MONTROSE ST STE 5 CLERMONT, FL 34711
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6. 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.

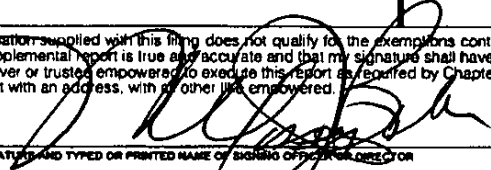
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCHNER, TERRY 19834 SUGARLOAF MOUNTAIN RD CLERMONT, FL 347116851
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUCHNER, MELISSA J 19834 SUGAR LOAF MTN RD CLERMONT, FL 34711
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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 or other like empowered.

SIGNATURE:  **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #