

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90268 024 ***158.75

DOCUMENT # P03000048354

1. Entity Name

BOMBACK & SON'S RUSTIC RANCH INC.



Principal Place of Business

**3850 SW 124TH AVE
MIRAMAR FL 33027**

Mailing Address

**3850 SW 124TH AVE
MIRAMAR FL 33027**

94076427



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOMBACK, ROBERT G
3850 SW 124TH AVE
MIRAMAR FL 33027**

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

Robert Bomback

04/25/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P BOMBACK, ROBERT G**
STREET ADDRESS **3850 SW 124TH AVE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ Change ☐ Addition
NAME **P GUILLORME, DANIEL E**
STREET ADDRESS **3850 SW 124TH AVE MIRAMAR-FL 33027**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP GUILLORME, DANIEL E**
STREET ADDRESS **3850 SW 124TH AVE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ Change ☐ Addition
NAME **VP BOMBACK, ROBERT G**
STREET ADDRESS **3850 SW 124TH AVE MIRAMAR-FL 33027**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert Bomback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/04

Date

954-5363636

Daytime Phone #