

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000054079

Entity Name: C&A BOBCAT & ESCAVATOR INC.

**FILED**  
**Sep 13, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

4751 NW 5TH AVE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4751 NW 5TH AVE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 59-3601940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROWBRIDGE, CLIFFORD  
4731 NW 5TH AVE  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STROWBRIDGE, CLIFFORD  
Address: 4731 NW 5TH AVE  
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: THIGPEN, ARLENE  
Address: 4731 NW 5TH AVE.  
City-St-Zip: POMPAN0 BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD STROWBRIDGE

P

09/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date