2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000105065

1. Entity Name
CZARNY BOBCAT, INC.

FILED
06 MAY 22 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05182006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
16432 FURMAN RD BROOKSVILLE, FL 34601	16432 FURMAN RD BROOKSVILLE, FL 34601

2. Principal Place of Business	3. Mailing Address
5241 NODOC ROAD Suite, Apt. #, etc.	5241 NODOC ROAD Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL 34609	City & State: BROOKSVILLE, FL
Zip: 34609 Country: USA	Zip: 34609 Country: USA

4. FEI Number: 20-0262140 ☐ 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
CZARNY, PAULA 16432 FURMAN RD BROOKSVILLE, FL 34601	Name: LINDSAY, KATHRYN Street Address (P.O. Box Number is Not Acceptable): 5241 NODOC ROAD City: BROOKSVILLE FL Zip Code: 34609

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: [signature] KATHRYN LINDSAY 5/19/06
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CZARNY, DAVID 16432 FURMAN RD BROOKSVILLE, FL 34601	☐ Delete	PRESIDENT/TREASURER LINDSAY, WILLIAM JR 5241 NODOC ROAD BROOKSVILLE, FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CZARNY, PAULA 16432 FURMAN RD BROOKSVILLE, FL 34601	☐ Delete	VICE PRESIDENT/SECRETARY LINDSAY, KATHRYN 5241 NODOC ROAD BROOKSVILLE, FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300075553601 05/31/06--01023--014 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] William Lindsay 5/19/06 352-398-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #