


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000117509
 1. Entity Name
 DENNIS BOBCAT SERVICES, CORP.



Principal Place of Business Mailing Address
 800 NW 72 TERRACE 800 NW 72 TERRACE
 PLANTATION, FL 33317 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)
 4. FEI Number 20-0479289 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOPEZ, PETER M ESQ.
 2450 SW 137TH AVENUE
 SUITE 234
 MIAMI, FL 33175

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENNIS, PAULETTE
STREET ADDRESS	800 NW 72 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	DENNIS, WILL
STREET ADDRESS	800 NW 72 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Paulette Dennis* 1/6/2005 954-8157041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone # (611)