

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 017 ***150.00

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1. Entity Name
W.D. AINSWORTH BOBCAT SERVICE, INC.



Principal Place of Business
2860 SOUTH CAMERON AVENUE
SANFORD, FL 32779 US

Mailing Address
2860 SOUTH CAMERON AVENUE
SANFORD, FL 32779 US



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0802494

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVORE, ROSA L
2428 S. MAPLE AVE.
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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, 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

10. OFFICERS AND DIRECTORS

TITLE P
NAME AINSWORTH, WILLARD D
STREET ADDRESS 2860 SOUTH CAMERON AVENUE
CITY-ST-ZIP SANFORD, FL 32779

TITLE VP
NAME AINSWORTH, JOSEPH L
STREET ADDRESS 2860 SOUTH CAMERON AVENUE
CITY-ST-ZIP SANFORD, FL 32779

TITLE S
NAME AINSWORTH, KURL A
STREET ADDRESS 2860 SOUTH CAMERON AVENUE
CITY-ST-ZIP SANFORD, FL 32779

TITLE T
NAME AINSWORTH, JARED L
STREET ADDRESS 2860 SOUTH CAMERON AVENUE
CITY-ST-ZIP SANFORD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 807, 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:

W.D. Ainsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

407-323-8634
Daytime Phone #