

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000130901

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



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

04-30-2007 90398 017 ***150.00

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

Mailing Address
2860 SOUTH CAMERON AVENUE
SANFORD, FL 32779 US

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0802494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P AINSWORTH, WILLARD D 2860 SOUTH CAMERON AVENUE SANFORD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AINSWORTH, JOSEPH L 2860 SOUTH CAMERON AVENUE SANFORD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AINSWORTH, KURL A 2860 SOUTH CAMERON AVENUE SANFORD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AINSWORTH, JARED L 2860 SOUTH CAMERON AVENUE SANFORD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *Will Devore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 407-323-8634
Date Daytime Phone #