

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90216 034 ***150.00

DOCUMENT # P03000134357

1. Entity Name

J & S BOBCAT SERVICES, INC.



Principal Place of Business

**371 SE 1ST AVENUE
POMPANO BEACH FL 33060**

Mailing Address

**371 SE 1ST AVENUE
POMPANO BEACH FL 33060**

2. Principal Place of Business

2414 Cortez Ave.
Suite, Apt. #, etc.

3. Mailing Address

2414 Cortez Ave.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Vero Beach, Fl

City & State

Vero Beach, Fl

4. FEI Number

05-0591592

Applied For

Not Applicable

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPELLARY, JOHN F
371 S.E. 1ST AVENUE
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name *John F. SPELLARY*

Street Address (P.O. Box Number is Not Acceptable)

2414 Cortez Ave.

City *Vero Beach*

FL

Zip Code

32960

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

John F. Spellary (John F. SPELLARY) President 04/25/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPELLACY, JOHN F
STREET ADDRESS 371 SE 1ST AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VD ☐ Delete
NAME SPELLACY, CLARA I
STREET ADDRESS 371 SE 1ST AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 (772) 321-8762

Date

Daytime Phone #