


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 050 \*\*\*150.00

DOCUMENT # P03000137349  
 1. Entity Name  
 BOBBY SAPP CONSTRUCTION, INC.



Principal Place of Business Mailing Address  
 P.O. BOX 44 P.O. BOX 44  
 MACCLENNY, FL 32063 US MACCLENNY, FL 32063 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02112008 Chg-P CR2E034 (12/06)  
 4. FEI Number 20-0378252 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CONNER, STEVEN W  
 1106 PARK AVENUE  
 ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent  
 Name JAMES G. LYONS  
 Street Address (P.O. Box Number is Not Acceptable)  
 106 W. Blvd  
 City MACCLENNY FL Zip Code 32063

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 *James G. Lyons, CIA* DATE 2-11-08  
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, 2008 Fee will be \$550.00  
 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	P SAPP, BOBBY P.O. BOX 44 MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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: *Bobby Sapp* DATE: 2/18/08 DAYTIME PHONE #: 904 259-2357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #