## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	AITHOAL N		'/	T	1
DOCUMENT # P03000145208  1. Entity Name					FILED
BOB'S CI	-	•		Sep 04, 2008 08:00 AM Secretary of State	
Principal Plac	e of Business	Mailing Address			Secretary of State
3748 SAPHIRE LANE		3748 SAPHIRE LANE			
MULBERRY		MULBERRY FL 33860			
2. Principal F	flace of Business - No P.O. Box #	3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)
City & State		City & Stare			4. FEI Number 80-0084976 Applied For Not Appliedab
Zıp	Country	Zp	Cour	ntry	5. Certificate of Status Desired   S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		Nores	7. Name and Address of New Registered Agent
CLA	TH DOREDT			Name	·
SMITH, ROBERT 3748 SAPHIRE LANE MULBERRY FL 33860			Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typod or printed hame of registered ingential	natite Lampicacie (NOT	E Registree	od Agarit eignature required	1 พาษา รงกราสษาฐา DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Repable to Florida Department of	State			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.  Added to Fees
7,6. 3. 2020 (19.05) 10.	OFFICERS AND I	.,44,777.0835	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Р	☐ Delete	TITL		☐ Change ☐ Addition
NAME	SMITH, ROBERT		NAM		the court of the c
STREET ADDRESS	3748 SAPHIRE LANE		STR	EET ADDRESS	000000959053 09/04/08-80004-007 550.00
CITY - ST- ZIP	MULBERRY FL 33860		CITY	'-ST-ZIP	09/04/08-80004-007 550.00
TITLE		☐ Delete	TITL	E	☐ Change ☐ Additio
NAME			NAM	IE	
STREET ADDRESS				EET ADDRESS	
CITY-ST-7IP		<u> </u>	CITY	-ST-ZIP	
TITLE		Delete	m		Change Addition
NAME STREET ADDRESS			NAM	EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		☐ Delete	TITL		☐ Cliange ☐ Additio
NAME		Docte	NAM		
STREET ADDRESS			SIRE	EET ADDRESS	
CITY-S1-ZIP			CITY	- ST-ZIP	
IIILE		☐ Derete	TITL	E T	☐ Change ☐ Addition
NAME CORRECT			NAM		
STREET ADDRESS CITY-ST ZIP				TET ADDRESS - ST- ZIP	
TITLE		☐ Deiele	ŤΠŧ	E	☐ Change ☐ Additio
NAME			NAM	ı	tag sounge last recinit
STREET ADDRESS			STR	EET ADORESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
indicated of the co	on this report or supplemental report is	true and accurate and that reported to execute this report	ny signa rt as regi	ture shall have the	ed in Section 119. Ficrida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 10 or Block 11

Data.

Day: næ Phone #