2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18. 2005 08:00 AM

				TED 10, 2003 00.00 A				
DOCUMENT # P03000147056 1. Entity Name BASIL DODD BOBCAT & TRACTOR SERVICES, INCORPORATED						cretary o		
1436 DODD	ce of Business RD RK, FL 32792	Mailing Address P.O. BOX 12 GOLDENROD, FL 32733			1 Maia - Iru abii kam akii ka			
		A CONTRACTOR OF THE PROPERTY O						
	NO NOT WOITE	~ =	01292005	No Chg-P	CR2E034 (10/03)	•		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 42-161			pplied For lot Applicable	
			, = <u> </u>	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
LAKE, ST	Name and Address of Current Re I Δ		D O	NOT W	DITE	į		
1436 DODD RD WINTER PARK, FL 32792			DO NOT WRITE IN THIS SPACE					
				IIN	1 MIS SP	ACE		
3. 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 Strillo Sonature, byped or primed name of registered agent and title # applicable (NOTE Registered Agent)				when reinstating)	1/ac	JOS DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution				.00 May Be ed to Fees	Un00 02/18/0	00234446 5-80019-020	150.00	
10. TITLE	OFFICERS AND DI	RECTORS	J	, <u>, ,</u>				
NAME STREET ADDRESS CITY-ST-ZIP	LAKE, STELLA 1436 DODD RD WINTER PARK, FL 32792							
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CITY-ST-ZIP TITLE) = 1 =					
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title name street address !	,		<u> </u>					

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 eath, 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: SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9dfaz

407-677-4780 Daytime Phone #