

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90043 043 \*\*\*150.00

**DOCUMENT # P04000021351**

1. Entity Name  
**HUFFS BOBCAT, INC.**



Principal Place of Business  
**524 NORTH TIMBERCREEK ROAD  
ORMOND BEACH, FL 32174 US**

Mailing Address  
**524 NORTH TIMBERCREEK ROAD  
ORMOND BEACH, FL 32174 US**

**60005782**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2124308**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNS, BRUCE D  
944 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE 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	PT HUFF, GEORGE D SR. 524 NORTH TIMBERCREEK ROAD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HUFF, RENEE 524 NORTH TIMBERCREEK ROAD ORMOND BEACH, FL 32174
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**DO NOT WRITE  
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:** **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-18-07 (386) 295-1660**  
Date Daytime Phone #