2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM **DOCUMENT # P04000022131 Secretary of State** MORRIS BOBCAT SERVICE, INC. Principal Place of Business Mailing Address **5216 MYRTLE LANE 5216 MYRTLE LANE** US NAPLES, FL 34113 NAPLES, FL 34113 01272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2224639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, WILLIAM B DO NOT WRITE 5216 MYRTLE LANE NAPLES, FL 34113 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent stansture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MORRIS, WILLIAM B U00000621366 02/12/07-80014-004 158.75 STREET ADDRESS **5216 MYRTLE LANE** CITY-ST-ZIP NAPLES, FL 34113 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP STREET ADDRESS CITY-ST-7IP TITL F

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 chapter in the property with an eddress, with all other like empowered.

CICHATIDE. William Mon

NAME STREET ADDRESS CITY-ST-ZIP