

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-31-2005 90034 047 ***150.00

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| DOCUMENT # P04000056265 1. Entity Name ESPINOZA BOBCAT SERVICE, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2761 NW 1ST ST BOYNTON BEACH FL 33435 | | | Mailing Address 2761 NW 1ST ST BOYNTON BEACH FL 33435 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">260084240</div> | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ESPINOZA, JOSE 2761 NW 1ST ST BOYNTON BEACH FL 33435 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 remaining) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> PSD ESPINOZA, JOSE 2761 NW 1ST ST BOYNTON BEACH FL 33435 </td> <td style="width: 25%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> </td> <td style="width: 25%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> <tr><td colspan="3" style="height: 40px;"> </td></tr> </table> </div> </div> | | | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD ESPINOZA, JOSE 2761 NW 1ST ST BOYNTON BEACH FL 33435 | <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 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 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: _____ 3/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |