2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115080

Entity Name: JND BOBCAT & DEMO, INC.

FILED Sep 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4921 SW 199 AVE 1006 NW 23 STREET SOUTHWEST RANCHES, FL 33332 CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

4921 SW 199 AVE 1006 NW 23 STREET SOUTHWEST RANCHES, FL 33332 CAPE CORA;, FL 33993

FEI Number: 20-1459289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TIMIRAOS, JOHNNY
4921 SW 199 AVE
SOUTHWEST RANCHES, FL 33332 US
TIMIRAOS, JOHNNY
1006 NW 23 ST
CAPE CORAL, FL 33993 US

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.

SIGNATURE: 09/14/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: TIMIRAOS, DENISE P (X) Change () Addition Name: TIMIRAOS, DENISE

Address: 4921 SW 199 AVE Address: 1006 NW 23 STREET

City-St-Zip: SOUTHWEST RANCHES, FL 33332 City-St-Zip: CAPE CORAL, FL 33993

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 TIMIRAOS, JOHNNY
 Name:
 TIMIRAOS, JOHNNY

 Address:
 4921 SW 199 AVE
 Address:
 1006 NW 23 STREET

 City-St-Zip:
 SOUTHWEST RANCHES, FL 33332
 City-St-Zip:
 CAPE CORAL, FL 33993

Title: () Delete Title: S () Change (X) Addition Name: ARSENAULP, CHRISTOPHER

 Name:
 Name:
 ARSENAULP, CHRISTOP

 Address:
 Address:
 1006 NW 23 STREET

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY TIMIRAOS P 09/14/2005