

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

05-01-2006 90301 010 ***150.00

DOCUMENT # P05000009370 1. Entity Name D & C BOBCAT INC.					
Principal Place of Business 3757 ARBOR AVE 3757 Arbor Ave BUNNELL, FL 32110			Mailing Address <i>P.O. Box 1010</i> 3757 ARBOR AVE BUNNELL, FL 32110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent BUCKLES, PENNY 601 N PINE STREET BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. 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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	NOBLES, DONALD L		NAME		
STREET ADDRESS	PO BOX 1452		STREET ADDRESS		
CITY - ST - ZIP	BUNNELL, FL 32110		CITY - ST - ZIP		
TITLE	VST	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	THOMPSON, COURTNEY A		NAME		
STREET ADDRESS	3757 ARBOR AVE		STREET ADDRESS		
CITY - ST - ZIP	BUNNELL, FL 32110		CITY - ST - ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 the empowered.					
SIGNATURE: (Signature, typed or printed name of signing officer or director)					

