

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 045 ***150.00

DOCUMENT # P05000017677

1. Entity Name
TRIPLE T BOBCAT, INC.



Principal Place of Business
**16115 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470**

Mailing Address
**16115 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470**

40034000



2. Principal Place of Business
2865 Woodward Ave
Suite, Apt. #, etc.

3. Mailing Address
2865 Woodward Ave.
Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State
North Port FL
Zip
34286 Country

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North Port FL
Zip
34286 Country

4. FEI Number
20-2268092 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TALLMAN, BRYAN D
16115 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent

Name
TALLMAN, Bryan D.
Street Address (P.O. Box Number is Not Acceptable)
2865 Woodward Ave.
City
North Port FL Zip Code
34286

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
TALLMAN, BRYAN D
16115 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

Daytime Phone #