

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90089 009 \*\*\*150.00

DOCUMENT# P05000030429

1. Entity Name

TRICOUNTY BOBCAT AND EXCAVATING, INC.



Principal Place of Business

P O BOX 2585  
STUART FL 34995

Mailing Address

P O BOX 2585  
STUART FL 34995



2. Principal Place of Business - No P.O. Box #

2929 E. Ocean Blvd  
Stuart, FL 34996

3. Mailing Address

P.O. Box 2585  
Stuart, FL

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 74-3148298

Applied For  
Not Applicable

Zip 34996

Country US

Zip 34995

Country US

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

6. Name and Address of Current Registered Agent

BERTOLINI, JACK J  
2929 E OCEAN BLVD  
STUART FL 34996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BERTOLINI, JACK J  
STREET ADDRESS % P O BOX 2585  
CITY ST ZIP STUART FL 34995 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
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

TITLE  
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STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

JACK J. BERTOLINI 1-28-07 772-8502305

Date

Signature Phone #