## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P05000040787  1. Entity Name BOBIAS & LUCIER INCORPORATED   |                                     |                               |   | FILED<br>08 SEP 30 PH 4: 18                 |                           |                             |  |
|--|-------------------------------------|-------------------------------|---|---|---------------------------|-----------------------------|--|
| Principal Place of Business 4292 HANGING MOSS DR ORANGE PARK, FL 32073   | ANGING MOSS DR 4292 HANGING MOSS DR |                               | 2 (EB)(FB)  | AND STATE LALL AHASSEE, FLORIDA             |                           |                             |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2867 Golden Pond Blvd  |                                     |                               | Ind   |   |                           |                             |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.   |                                     |                               | 09242008  | Chg-P                                       | CR2E034 (12/06)           |                             |  |
| City & State Oronge Pork, Fl.  | Orange Pork, Fl.                    |                               | 4. FEI Numb<br>20-253   |   | <u>-</u>                  | oplied For<br>ot Applicable |  |
| Zip 32073 Country  | <sup>Zip</sup> 32073                | Country                       |   | e of Status Desired                         | \$8.75 Add<br>Fee Require |                             |  |
| Name   |                                     |                               |   | 7. Name and Address of New Registered Agent |                           |                             |  |
| BOBIAS, ASTERIO<br>4292 HANGING MOSS DR  |                                     |                               | GEORGE W. LUCIER Street Address (P.O. Box Number is Not Acceptable) |   |                           |                             |  |
| ORANGE PARK, FL 32073  |                                     |                               | 7 GOLDEN PONO BLVO  |   |                           |                             |  |
| City DRAM  |                                     |                               | RANGE PA  | GOLDEN POND BLVD.  JGE PARK, FL Zip Code 13 |                           |                             |  |
| 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.  |                                     |                               |   |   |                           |                             |  |
| Ahr German, 14, 14012R 9/24/2008   |                                     |                               |   |   |                           |                             |  |
| SIGNATURE Signature, typed or printed arms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |                                     |                               |   |   |                           |                             |  |
| FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 12, 2008 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   |                                     |                               |   |   |                           |                             |  |
|  |                                     |                               |   | /CHANGES TO OFFI                            | CERS AND DIRECTOR         |                             |  |
| NAME LUCIER, GEORGE  | ☐ Delete                            | TITLE<br>NAME                 | <i>P</i>  | 001365<br>1/0801052                         | 35088.                    | ☐ Addition                  |  |
| STREET ADDRESS 2867 GOLDEN POND CITY-ST-ZIP ORANGE PARK, FL 32073  |                                     | STREET ADDRESS<br>CITY-ST-ZIP | 10/03   | 170801052                                   | 005 **558                 | .75                         |  |
| ти Р   | Delete                              | TITLE                         |   |   | ☐ Change                  | Addition                    |  |
| NAME BOBIAS, JR., ASTERIO STREET ADDRESS 4292 HANGING MOSS DRIVE   |                                     | NAME<br>STREET ADDRESS        |   |   |                           |                             |  |
| CITY-SI-ZIP ORANGE PARK, FL 32073  |                                     | CITY-ST-ZIP                   |   |   |                           |                             |  |
| TITLE S NAME BOBIAS, ROLANDO   | Delete                              | TITLE<br>NAME                 |   |   | ☐ Change                  | Addition                    |  |
| STRIET ADDRESS 2867 GOLDEN POND CITY-ST-ZP ORANGE PARK EL 32073  |                                     | STREET ADDRESS                |   |   |                           |                             |  |
| TITLE D ORANGE PARK, FL 32073  | Delete                              | CITY-ST-ZIP                   | <del></del>   |   | Change                    | ☐ Addition                  |  |
| NAME BOBIAS, RODOLFO STREET ADDRESS 160 DOVER BLUFF  |                                     | NAME<br>CTREET ADDRESS        | 11913   | 3 h   | <u>_</u>                  |                             |  |
| CITY-ST-ZIP ORANGE PARK, FL 32073  |                                     | STREET ADDRESS<br>CETY-ST-ZIP | ψ 11 <sup>2</sup>   | •   |                           |                             |  |
| TITLE D NAME BOBIAS, REYNALDO  | ☐ Delete                            | TITLE                         |   | •     | Change                    | ☐ Addition                  |  |
| STREET ADDRESS 582 CHARLES CARROL ST.  |                                     | STREET ADDRESS                |   |   |                           |                             |  |
| CITY-ST-ZIP ORANGE PARK, FL 32073  | Прин                                | CITY-ST-ZIP                   |   |   |                           |                             |  |
| NAME   | ☐ Delete                            | TITLE<br>NAME                 |   |   | ☐ Change                  | Addition                    |  |
| STREET ADDRESS CITY-ST-ZIP   |                                     | STREET ADDRESS<br>City-St-Zip |   |   |                           |                             |  |
| 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 PERSONNEL OFFICER OR PROPERTOR   |                                     |                               |   |   |                           |                             |  |