


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

06-11-2008 90002 006 \*\*\*150.00

<b>DOCUMENT # P05000096279</b> 1. Entity Name <b>BOB ALOU, INC.</b>					
Principal Place of Business <b>3380 STRINGFELLOW ROAD</b> <b>SAINT JAMES CITY, FL 33956 US</b>			Mailing Address <b>77 CAMPBELL ROAD</b> <b>BLOOMINGBURG, NY 12721</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-3261588</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARTIN, ROBERT MD</b> <b>2055 SOUTH ATLANTIC AVE, APT 801</b> <b>DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DESTEFANO, ALBERT F 77 CAMPBELL RD. BLOOMINGBURG, NY 12721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DESTEFANO, EILEEN P 77 CAMPBELL RD. BLOOMINGBURG, NY 12721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMENDOLAGINE, LOUIS P 16 CRANBERRY ROAD WASHINGTONVILLE, NY 10992	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMENDOLAGINE, GERI T 16 CRANBERRY ROAD WASHINGTONVILLE, NY 10992	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, ROBERT J 425 E. 9TH STREET ROME, GA 30161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTIN, ROBERT 2055 SOUTH ATLANTIC AVE, APT 801 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> <span style="float: right;"><i>[Signature]</i> 6/2/08</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date</span> <span style="float: right;">Daytime Phone #</span>					