


2009 FOR PROFIT CORPORATION ANNUAL REPORT

| | | |
|----------------------------------|--|---|
| DOCUMENT # P05000096279 | |  |
| 1. Entity Name BOB ALOU, INC. | | |

FILED

09 JUN 10 AM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business 3380 STRINGFELLOW ROAD SAINT JAMES CITY, FL 33956 US | Mailing Address 77 CAMPBELL ROAD BLOOMINGBURG, NY 12721 |
|--|---|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05232008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3261588

| |
|----------------|
| Applied For |
| Not Applicable |

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

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| MARTIN, ROBERT MD 2055 SOUTH ATLANTIC AVE, APT 801 DAYTONA BEACH, FL 32118 | |

| | |
|--|----------|
| 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 reinstating) DATE

| | | |
|--|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2009 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| 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 2055 SOUTH ATLANTIC AVE ROME, GA 30161 DAYTONA BEACH, FLORIDA 32118 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400156986204 06/10/09--01018--036 **150.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition \$26/15 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: X Albert J. Destefano Robert Martin MD 5/9/09 (914) 953-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #