

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90091 018 \*\*\*150.00

DOCUMENT # P07000027684

1. Entity Name

NORTHEAST BOBCAT SERVICE INC. *Name change*



*\* NORTHEAST SITE Development INC \**

Principal Place of Business

801 S. 3RD STREET  
BUNNELL, FL 32110

Mailing Address

801 S. 3RD STREET  
BUNNELL, FL 32110

40078985



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

41 SLIPPER TRAIL

3. Mailing Address

P.O. Box 351842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-P

CR2E034 (12/06)

City & State

PAIM COAST Florida

City & State

PAIM COAST FL

4. FEI Number

20-3546948

Applied For

Not Applicable

Zip

32164

Country

FLA

Zip

32135-1842

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHEL, TIMOTHY  
18 COCONUT COURT  
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name Timothy FISHEL

Street Address (P.O. Box Number is Not Acceptable)

41 SLIPPER TRAIL

City PAIM COAST

FL

Zip Code 321

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FISHEL, TIMOTHY	
STREET ADDRESS	18 COCONUT COURT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FISHEL, TIMOTHY	
STREET ADDRESS	18 COCONUT COURT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Fishel	
STREET ADDRESS	P.O. Box 351842	
CITY-ST-ZIP	PALM COAST FL 32135-1842	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Fishel	
STREET ADDRESS	P.O. Box 351842	
CITY-ST-ZIP	PALM COAST FL 32135-1842	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08  
Date

Daytime Phone #

## Florida Corporate Income/Franchise and Emergency Excise Tax Return

FEIN 20-8546948

CSOL

F-1120, R. 01/08

Rule 12C-1.051

Florida Administrative Code

Effective 01/08

For calendar year 2007 or tax year beginning  
ending

881702007123100020050377320854694800005

ATTACHMENT

40078985

Name **NORTHEAST SITE DEVELOPMENT INC**  
 Address  
 Address **P O BOX 351842**  
 City/State/ZIP **PALM COAST FL 32135-1842**

## Computation of Florida Net Income and Emergency Excise Tax

☒ Check here if any changes have been made to name or address

1. Federal taxable income (see instructions)	Attach pages 1-4 of federal return	Check here if negative	0.00
2. State income taxes deducted in computing federal taxable income (attach schedule)		Check here if negative	.00
3. Additions to federal taxable income (from Schedule I)		Check here if negative	.00
4. Total of Lines 1, 2 and 3.		Check here if negative	.00
5. Subtractions from federal taxable income (from Schedule II)		Check here if negative	0.00
6. Adjusted federal income (Line 4 minus Line 5)		Check here if negative	.00
7. Florida portion of adjusted federal income (see instructions)		Check here if negative	0.00
8. Nonbusiness income allocated to Florida (see Schedule R)		Check here if negative	0.00
9. Florida exemption			.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).			0.00
12. Credits against the tax (from Schedule V, Line 18)			.00
13. Emergency excise tax due (from Schedule A, Line 20)			0.00
14. Total corporate income/franchise and emergency excise tax due (see instructions).			0.00
15. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____	Line 15 Total ▶		.00
16. Total of Lines 14 and 15			0.00
17. Payment credits: Estimated tax payments 17a \$ _____ Tentative tax payment 17b \$ _____			.00
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or Line 20.			0.00
19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon			.00
20. Refund: Enter amount of overpayment to be refunded here and on payment coupon			.00

## Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/07

CSOL

F-1120

R. 01/08

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ☐

Name **NORTHEAST SITE DEVELOPMENT INC**  
 Address  
 Address **P O BOX 351842**  
 City/State/ZIP **PALM COAST FL 32135-1842**

208546948	0	0	0
20070101	0	0	0
20071231	0	0	0
10000000	0	0	0
001	0	0	0
202	0	0	0
0	0	0	0
0	0	0	0