

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90011 031 \*\*\*150.00

**DOCUMENT # P95000012952**

1. Entity Name  
**KAT'S BOBCAT TRACKHOE SERVICE, INC.**



Principal Place of Business  
**3421 TALLWOOD DR  
DELTONA, FL 32738**

Mailing Address  
**3421 TALLWOOD DR  
DELTONA, FL 32738**

**66007652**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3298787**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DOWLAT, STANLEY  
3421 TALLWOOD DR  
DELTONA, FL 32738**

**DO NOT WRITE  
IN THIS SPACE**

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: *Stanley Dowlat*

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

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

**3-22-08**  
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
NAME	DOWLAT, STANLEY
STREET ADDRESS	PO BOX 390084
CITY-ST-ZIP	DELTONA, FL 32739
TITLE	S. T
NAME	DOWLAT, STANLEY
STREET ADDRESS	PO BOX 390084
CITY-ST-ZIP	DELTONA, FL 32739
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

SIGNATURE: *Stanley Dowlat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-08** **4078324251**  
Date Daytime Phone