2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

Erchelt

ROBERT NATHOUSON

## Mar $13, \overline{2006}$ 08:00 AM DOCUMENT # P95000097740 **Secretary of State** 1. Entity Name BOBBY CASH INC. Principal Place of Business Mailing Address 55 NORTHWOODS LANE BOYNTON BEACH FL 33436 55 NORTHWOODS LANE BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0632807 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHEWS, GEORGE W III Street Address (P.O. Box Number is Not Acceptable) 1325 S CONGRESS AVE SUITE 104 **BOYNTON BEACH FL 33426** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent SIGNATURE Dignishing typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when consistently) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete T)71 5-☐ Change Aniciiii U00000464210 NAME NATHANSON, ROBERT HAME 03/21/06-80106-022 150.00 STREET ADDRESS 55 NORTHWOODS LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addin. NAME NATHANSON, FAITH NAME STREET ADDRESS 55 NORTHWOODS LANE STREET ARORESS CSTY-ST-ZIP **BOYNTON BEACH FL 33436** CHY-ST-ZIP HHE Delcto ☐ Change □ Ath MAME NAME STREET ADDRESS STREET ADDRESS CATY-SE-ZIP CITY-ST-21P TITLE □ Delete THE Change □ Add% NAME MAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CtTY-51-ZIP TITLE ☐ Delete ☐ Change TIME: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- //P City-ST-ZO TISLE ☐ Delete THREE ☐ Change ☐ Addist NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 of 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

FILED

3/9/06 (888)529-274