


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90038 026 ***150.00

DOCUMENT # P95000097740	
1. Entity Name BOBBY CASH INC.	

Principal Place of Business 55 NORTHWOODS LANE BOYNTON BEACH, FL 33436	Mailing Address 55 NORTHWOODS LANE BOYNTON BEACH, FL 33436
--	--

40063325



2. Principal Place of Business - No P.O. Box # 1-C STRATFORD DRIVE	3. Mailing Address 1-C STRATFORD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072008 Chg-P CR2E034 (12/06)

City & State BOYNTON BEACH FL.	City & State BOYNTON BEACH FL.
Zip 33436	Country PALESTINE
Country PALESTINE	Zip 33436
Country PALESTINE	Country PALESTINE

4. FEI Number 65-0632807	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MATHEWS, GEORGE W III 1325 S CONGRESS AVE SUITE 104 BOYNTON BEACH, FL 33426	
---	--

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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME NATHANSON, ROBERT	
STREET ADDRESS 55 NORTHWOODS LANE	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE ST	<input type="checkbox"/> Delete
NAME NATHANSON, FAITH	
STREET ADDRESS 55 NORTHWOODS LANE	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
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 NATHANSON, ROBERT	
STREET ADDRESS 1-C STRATFORD DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NATHANSON, FAITH	
STREET ADDRESS 1-C STRATFORD DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
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: Robert Nathanson **ROBERT NATHANSON** vhw/08 (888) 529-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #