## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED May 05, 2008 08:00 Al Secretary of State DOCUMENT # P97000046333 1. Entity Name BOBBY D'S, INC. Principal Place of Business Mailing Address 1831 PALM BAY RD NE 1800 W. HIBIISCUS BLVD PALM BAY, FL 32905-2978 #125 MELBOURNE, FL 32905 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3464091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DALL, BOBBY DO NOT WRITE 1800 CANTERBURY DR INDIALANTIC, FL 32903 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000948122 10. OFFICERS AND DIRECTORS 06/02/08-80042-012 150.00 TITLE NAME DALL, BOBBY STREET ADDRESS 1800 CANTERBURY DR CITY - ST - ZIP INDIALANTIC, FL 32903 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- 7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 resort 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 the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attach all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-725-6151