

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90370 012 \*\*\*150.00

40050863



<b>DOCUMENT # P98000017707</b> 1. Entity Name <b>BILL'S BOBCAT SERVICE, INC.</b>					
Principal Place of Business <b>3076 HOWLAND BOULEVARD DELTONA, FL 32725</b>			Mailing Address <b>3076 HOWLAND BOULEVARD DELTONA, FL 32725</b>		
2. Principal Place of Business <b>301 N PineMeadow Dr</b>		3. Mailing Address <b>301 N Pine Meadow Dr</b>			
Suite, Apt. #, etc. <b>Ste A</b>		Suite, Apt. #, etc. <b>Ste A</b>			
City & State <b>Debary, FL</b>		City & State <b>Debary, FL</b>		4. FEI Number <b>59-3506327</b>	
Zip <b>32713</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BIFERIE, ROBERT L 301 N. PINE MEADOWS DR SUITE A DEBARY, FL 32713</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>WREDT, WILLIAM A</b> <b>3076 HOWLAND BLVD</b> <b>DELTONA, FL 32725</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Biferie, Robert</b> <b>301 N Pine Meadow Dr., Ste A</b> <b>Debary, FL 32713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>WREDT, SHARON K</b> <b>3076 HOWLAND BLVD</b> <b>DELTONA, FL 32725</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <b>4/13/06</b> Daytime Phone # _____					