


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90035 045 ***150.00

DOCUMENT # P98000107002 1. Entity Name JOHN'S BOBCAT SERVICE INC.			
Principal Place of Business 2455 N. OCEANSHORE BLVD. FLAGLER BEACH, FL 32136		Mailing Address P.O. BOX 73 FLAGLER BEACH, FL 32136	
2. Principal Place of Business <i>16 BRIARWOOD PATH</i> Suite, Apt. #, etc.		3. Mailing Address <i>PO Box 73</i> Suite, Apt. #, etc.	
City & State <i>BUNNELL, FL</i>		City & State <i>FLAGLER BEACH, FL</i>	
Zip <i>32110</i>		Zip <i>32136</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3546236		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN BUREN, P. JOHN 2455 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136		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 _____ <small>Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BUREN, P. JOHN 2455 N. OCEANSHORE BLVD. FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN BUREN, SHARRON W 2455 N. OCEANSHORE BLVD. FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 exemption stated in Section 119.07(3)(i), 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: <i>Sharron Van Buren</i> <i>Sharron Van Buren</i>		Date <i>4-26-04</i> Calling Phone # <i>386-439-3692</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			