

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12899

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: DON'S BOBCAT SERVICE, INC.

## Current Principal Place of Business:

4809 LAKE KOTSA DR  
LAKE WALES, FL 33898 US

## New Principal Place of Business:

## Current Mailing Address:

4809 LAKE KOTSA DR  
LAKE WALES, FL 33898 US

## New Mailing Address:

FEI Number: 65-0319539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLATER, NANCY  
4809 LAKE KOTSA DR  
LAKE WALES, FL 33898 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SLATER, DONALD R JR.  
Address: 8732 CRATER TERR  
City-St-Zip: LAKE PARK, FL 33403

Title: DVST ( ) Delete  
Name: SLATER, NANCY  
Address: 8732 CRATER TERR  
City-St-Zip: LAKE PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SLATER, DONALD R JR.  
Address: 4809 LAKE KOTSA DR.  
City-St-Zip: LAKE WALES, FL 33898

Title: DVST (X) Change ( ) Addition  
Name: SLATER, NANCY  
Address: 4809 LAKE KOTSA DR.  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SLATER

VP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date