


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

06-11-2008 90002 006 \*\*\*150.00

DOCUMENT # P05000096279

1. Entity Name  
**BOB ALOU, INC.**



Principal Place of Business  
**3380 STRINGFELLOW ROAD**  
**SAINT JAMES CITY, FL 33956 US**

Mailing Address  
**77 CAMPBELL ROAD**  
**BLOOMINGBURG, NY 12721**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



05232008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3261588**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, ROBERT MD**  
**2055 SOUTH ATLANTIC AVE, APT 801**  
**DAYTONA BEACH, FL 32118**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DESTEFANO, ALBERT F	
STREET ADDRESS	77 CAMPBELL RD.	
CITY-ST-ZIP	BLOOMINGBURG, NY 12721	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DESTEFANO, EILEEN P	
STREET ADDRESS	77 CAMPBELL RD.	
CITY-ST-ZIP	BLOOMINGBURG, NY 12721	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, LOUIS P	
STREET ADDRESS	16 CRANBERRY ROAD	
CITY-ST-ZIP	WASHINGTONVILLE, NY 10992	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, GERI T	
STREET ADDRESS	16 CRANBERRY ROAD	
CITY-ST-ZIP	WASHINGTONVILLE, NY 10992	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ROBERT J	
STREET ADDRESS	425 E. 9TH STREET	
CITY-ST-ZIP	ROME, GA 30161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2055 SOUTH ATLANTIC AVE, APT 801	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
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: *[Signature]* x *[Signature]* Date: *6/2/08* Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR