


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90007 027 ***150.00

DOCUMENT # 622609
 1. Entity Name
BULLDOG WRECKING COMPANY



Principal Place of Business: **132 BUSHNELL PLAZA BUSHNELL FL 33513 US**
 Mailing Address: **P.O. BOX 248 BUSHNELL FL 33513 US**

2. Principal Place of Business: **239 N. MAIN Street**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 248**
 Suite, Apt. #, etc.

City & State: **BUSHNELL, FL**
 Zip: **33513** Country: **USA**

City & State: **BUSHNELL FL**
 Zip: **33513-0019** Country: **USA**

4. FEI Number: **59-1913538**
 Applied For: Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
HAGIN, T RICHARD
132 BUSHNELL PLAZA
BUSHNELL FL 33513

7. Name and Address of New Registered Agent
 Name: **T. RICHARD HAGIN**
 Street Address (P.O. Box Number is Not Acceptable): **239 N. MAIN STREET**
 City: **BUSHNELL** State: **FL** Zip Code: **33513**

B. 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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HAGIN, T RICHARD	
STREET ADDRESS	132 BUSHNELL PLAZA	
CITY-ST-ZIP	BUSHNELL, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGIN, T RICHARD	
STREET ADDRESS	239 N. MAIN STREET	
CITY-ST-ZIP	BUSHNELL FL 33513	
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		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **T. RICHARD HAGIN** **03-01-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-603-0874