## 2008 FOR PROFIT CORPORATION **AÑNUAL REPORT**

**DOCUMENT # P95000052788** 

1. Entity Name

BULLARD MANAGEMENT SERVICES, INC.



**FILED** Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

221 N. MARION AVE., SUITE 202 LAKE CITY, FL 32055

Mailing Address

POST OFFICE BOX 1432 LAKE CITY, FL 32056



## DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3322071 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BULLARD, AUDREY S CPA. 1826 SW SR 47 LAKE CITY, FL 32025

## DO NOT WRITE IN THIS SPACE

			# 521 P. P.	新作品。"一种是第二次数型		が付出し はんりょう
	named entity submits this statement for the pations of registered agent.	urpose of changing its registe				liar with, and accept
SIGNATURE.				·····		····
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered			red Agent signature	gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000883124 04/16/08-80068-08	3 150.00
10.	OFFICERS AND DIREC	TORS	12.012.112	<b>"自然"。</b> 第18年 李 · · · · · · · · · · · · · · · · · ·	<b>网络特别的对抗</b>	Tolonia Carlo
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLARD, CHRIS A POST OFFICE BOX 1432 LAKE CITY, FL 32056					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULLARD, AUDREY S POST OFFICE BOX 1432 LAKE CITY, FL 32056					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BULLARD, ELIZABETH A PO BOX 1432 LAKE CITY, FL 32056			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS						

d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information port 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 a groowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR