

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000052788

**Entity Name:** BULLARD MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1009 SW MAIN BLVD  
SUITE 130  
LAKE CITY, FL 32025

**Current Mailing Address:**

POST OFFICE BOX 1432  
LAKE CITY, FL 32056

**FEI Number:** 59-3322071

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BULLARD, AUDREY SCPA.  
1826 SW SR 47  
LAKE CITY, FL 32025 US

*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

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | PD                   | Title           | VPD                  |
| Name            | BULLARD, CHRIS A     | Name            | BULLARD, AUDREY S    |
| Address         | POST OFFICE BOX 1432 | Address         | POST OFFICE BOX 1733 |
| City-State-Zip: | LAKE CITY FL 32056   | City-State-Zip: | LAKE CITY FL 32056   |
|                 |                      |                 |                      |
| Title           | STD                  |                 |                      |
| Name            | BULLARD, ELIZABETH A |                 |                      |
| Address         | PO BOX 1432          |                 |                      |
| City-State-Zip: | LAKE CITY FL 32056   |                 |                      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** AUDREY S. BULLARD

**DIRECTOR**

**01/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date