



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 234016 1. Entity Name TULLY-MENARD INC		
Principal Place of Business 611 DRUID RD. EAST SUITE 407 CLEARWATER, FL 33756 US		Mailing Address 611 DRUID RD. EAST SUITE 407 CLEARWATER, FL 33756 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TULLY, JOE 611 DRUID RD E SUITE 407 CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TULLY, JOE 3148 FEATHERWOOD CT CLEARWATER, FL 33759	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.		
SIGNATURE:  (JOE TULLY) 1/13/05 727-298-8301 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0894641** Applied For
Not Applicable

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

000000183545
01/19/05-80072-014 150.00

**DO NOT WRITE
IN THIS SPACE**