2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 234016

1. Entity Name
TULLY-MENARD INC



US

FILED Jan 06, 2006 08:00 AM **Secretary of State**

Principal Place of Business

611 DRUID RD. EAST

SUITE 407

CLEARWATER, FL 33756

Mailing Address

611 DRUID RD, EAST

SUITE 407

CLEARWATER, FL 33756

01032006

No Chg-P

CR2E034 (11/05)

FE! Number 59-0894641 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TULLY, JOE 611 DRUID RD E SUITE 407 CLEARWATER, FL 33756

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| | named entity submits this statement for the plans of registered agent. | urpose of changing its registere | d office or I | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|--|--|---|----------------|--------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title f | applicable (NOTE Registered | Agent signatur | e required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financ Trust Fund Contribution. | olng | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TULLY, JOE 3148 FEATHERWOOD CT CLEARWATER, FL 33759 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000378588 01/03/06-80013-022 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE Name Street adoress Stry-St-Zip | | | | | |
| TITLE NAME STREET ADDRESS | | | | | |

12. I hereby certify that the Information supplied with this filling 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 factor 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR