

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90025 009 ***150.00

DOCUMENT # 330412

1. Entity Name
CHIC N BULL INC



Principal Place of Business
424 N. BUMBY AVE.
ORLANDO, FL 32803

Mailing Address
424 N. BUMBY AVE.
ORLANDO, FL 32803

40003542

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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1216592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROLAND C
3229 INVERNESS COURT
ORLANDO, FL 32806

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SMITH, SANDRA
STREET ADDRESS	3229 INVERNESS CT
CITY-ST-ZIP	ORL, FL
TITLE	P
NAME	SMITH, ROLAND
STREET ADDRESS	3229 INVERNESS COURT
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	WOODROW, SHANNON L
STREET ADDRESS	9801 HOLSTON WAY 4734 S. St Brides Cir.
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	T
NAME	WOODROW, JAMES
STREET ADDRESS	9801 HOLSTON WAY 4734 S. St Brides Cir.
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Roland C Smith
Roland C Smith

1-14-05 407 894 2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #