

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 330412 1. Entity Name CHIC N BULL INC	
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Principal Place of Business 424 N. BUMBY AVE. ORLANDO, FL 32803	Mailing Address 424 N. BUMBY AVE. ORLANDO, FL 32803
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02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1216592	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent SMITH, ROLAND C 3229 INVERNESS COURT ORLANDO, FL 32806
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**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000442805
03/04/06-80034-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, SANDRA 3229 INVERNESS CT ORL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROLAND 3229 INVERNESS COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODROW, SHANNON L 4734 S. ST BRIDES CIR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODROW, JAMES 4734 S. ST BRIDES CIR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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** 2-16-06 407 894 2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #