2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 374842

1. Entity Name
BULLARD DEVELOPMENT CO.

Principal Place of Business	Mailing Address
1826 SW SR 47 LAKE CITY, FL 32025	P.O. BOX 766 LAKE CITY, FL 32056-0766

02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1373812

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BULLARD, JOSEPH D.
173 SOUTHWEST JOE GLEN
LAKE CITY, FL 32025

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000829628
02/26/08-80048-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLARD, JOSEPH D
STREET ADDRESS	173 SOUTHWEST JOE GLEN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	STD
NAME	BULLARD, AUDREY S
STREET ADDRESS	1826 SW SR 47
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	VP
NAME	BULLARD, CHRIS
STREET ADDRESS	1826 SOUTHWEST STATE ROAD 47
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Audrey S. Bullard 2/12/08 386-755-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #