



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 430372 1. Entity Name BULLOCK TICE ASSOCIATES, INC.	
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Principal Place of Business 909 EAST CERVANTES, SUITE B PENSACOLA, FL 32501	Mailing Address 909 EAST CERVANTES, SUITE B PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE

	
02242004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-1467913	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
TICE, JOHN P. JR. 909 EAST CERVANTES SUITE B PENSACOLA, FL 32501	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000074E71 03/03/04-80029-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TICE, JR. J 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP RICHARDSON, MICHAEL C 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEY, DOUGLAS S. 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLLY, JON R 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, JEAN V 909 E CERVANTES STE B PENSACOLA, FL
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 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: Jean V. Wallace Jean V. Wallace 2/26/04 850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #