

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 430372
 1. Entity Name
 BULLOCK TICE ASSOCIATES, INC.



Principal Place of Business
 909 EAST CERVANTES, SUITE B
 PENSACOLA, FL 32501

Mailing Address
 909 EAST CERVANTES, SUITE B
 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

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

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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

U00000834325
 02/28/08-80047-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TICE, JR. J
STREET ADDRESS	909 E CERVANTES STE B
CITY-ST-ZIP	PENSACOLA, FL
TITLE	FVP
NAME	RICHARDSON, MICHAEL C
STREET ADDRESS	909 E CERVANTES STE B
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	ASHLEY, DOUGLAS S.
STREET ADDRESS	909 E CERVANTES STE B
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	MOLLY, JON R
STREET ADDRESS	909 E CERVANTES STE B
CITY-ST-ZIP	PENSACOLA, FL
TITLE	ST
NAME	WALLACE, JEAN V
STREET ADDRESS	909 E CERVANTES STE B
CITY-ST-ZIP	PENSACOLA, FL
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: Jan V. Wallace Date: 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR