

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 021 ***150.00

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1. Entity Name
BULLIS BROMELIADS, INC.



Principal Place of Business
12420 S.W. 248TH ST.
PRINCETON, FL 33032-5942

Mailing Address
12420 S.W. 248TH ST.
PRINCETON, FL 33032-5942

50055466



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1759533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARVEY, BULLIS R III
12420 S.W. 248TH ST.
PRINCETON, FL 33032-5942

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BULLIS, HARVEY R III
12420 S.W. 248TH ST.
PRINCETON, FL 330325942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BULLIS, LOIS F
12420 S.W. 248TH ST.
PRINCETON, FL 330325942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BULLIS, PATRICIA G
12420 S.W. 248TH ST.
PRINCETON, FL 330325942**

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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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY R. BULLIS III

Date

7/1/05 305-258-8932

Daytime Phone #



ATTACHMENT
**BULLIS
BROMELIADS** 50055466
542404

July 1, 2005

To: Florida Dept. Of State
Divisions Of Corporations
P. O. Box 6198
Tallahassee, Fl. 32314

To Whom It May Concern,

I'm writing to inform you that we received no prior notice that our 2005 For Profit Corp. Annual Report was due. We are requesting that you waive the \$400 penalty. This is not the first time this has happened. Enclosed is a check for \$150.00. Please let me know if there are any problems.

Sincerely,

Harvey Bullis
President