

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90007 027 ***150.00

DOCUMENT # 622609

1. Entity Name

BULLDOG WRECKING COMPANY



Principal Place of Business

132 BUSHNELL PLAZA
BUSHNELL FL 33513
US

Mailing Address

P.O. BOX 248
BUSHNELL FL 33513
US

2. Principal Place of Business

239 N. MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 248

Suite, Apt. #, etc.

City & State

BUSHNELL, FL

Zip
33513

Country
USA

City & State

BUSHNELL FL

Zip
33513-0019

Country
USA

4. FEI Number

59-1913538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGIN, T RICHARD
132 BUSHNELL PLAZA
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name

T. RICHARD HAGIN

Street Address (P.O. Box Number is Not Acceptable)

239 N. MAIN STREET

City

BUSHNELL

FL

Zip Code

33513

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

DPS
HAGIN, T RICHARD
132 BUSHNELL PLAZA
BUSHNELL, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PDS
HAGIN, T. RICHARD
239 N. MAIN STREET
BUSHNELL FL 33513 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

T. RICHARD HAGIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-01-2004

352-603-0874