

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90019 036 ***150.00

DOCUMENT # F03000000227

1. Entity Name

BOURDEAU FINANCIAL, INC.



Principal Place of Business

65 E. ELIZABETH AVE., STE. 704
BETHLEHEM PA 18018

Mailing Address

65 E. ELIZABETH AVE., STE. 704
BETHLEHEM PA 18018

2. Principal Place of Business

95 Highland Ave Suite 160
Bethlehem Pa

3. Mailing Address

95 Highland Ave Suite 160
Bethlehem Pa

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

18017 U.S.

City & State

18017 U.S.

Zip

Country

Zip

Country

4. FEI Number

23-3046483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOURDEAU, TIMOTHY P
7173 ORANGE DR. #106B
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Kirk Ulshefer
Street Address (P.O. Box Number is Not Acceptable)
2400 East Oakland Park Blvd.
Ft. Lauderdale FL 33306
City Zip Code

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	P	<input type="checkbox"/> Delete
NAME	BOURDEAU, JAMES E JR.	
STREET ADDRESS	65 E. ELIZABETH AVE., STE. 704	
CITY-ST-ZIP	BETHLEHEM PA 18018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, 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:

JAMES BOURDEAU

Date

Daytime Phone #

2/13/4 610 882 0469