


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001543 1. Entity Name SILVER BULLET, INC.	
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Principal Place of Business 700 SOUTH PALAFOX STREET, STE. 220 PENSACOLA, FL 32502	Mailing Address 700 SOUTH PALAFOX STREET, STE. 220 PENSACOLA, FL 32502
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1550636	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

CLARK, BRYAN D
700 SOUTH PALAFOX STREET, STE. 220
PENSACOLA, FL 32502

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOC CLARK, BRYAN 2628 YOUNGWOOD LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOS HOWARD, RUSTIN 2101 SCENIC HIGHWAY, APT. D101 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO LIVINGSTON, SONIA R 700 SOUTH PALAFOX STREET, STE. 220 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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 empowerments.

SIGNATURE: _____ DATE: 1/4/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 850.437.5880
 850.516
 Daytime Phone #