

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006026

FILED
Jan 24, 2008
Secretary of State

Entity Name: BULLDOG DETECTIVE AGENCY, INC.

Current Principal Place of Business:

305 PINEWOOD CIRCLE
ATHENS, GA 30606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6743
ATHENS, GA 30604

New Mailing Address:

FEI Number: 58-2441324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, JOSEPH E
536 SOUTH BONITA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BEMENT, CONNIE G
Address: 305 PINEWOOD CIRCLE
City-St-Zip: ATHENS, GA 30606

Title: VCHR () Delete
Name: BEMENT, CONNIE G
Address: 305 PINEWOOD CIRCLE
City-St-Zip: ATHENS, GA 30606

Title: PVST () Delete
Name: BEMENT, CONNIE G
Address: 305 PINEWOOD CIRCLE
City-St-Zip: ATHENS, GA 30606

Title: D () Delete
Name: BEMENT, CONNIE G
Address: 305 PINEWOOD CIRCLE
City-St-Zip: ATHENS, GA 30606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE G. BEMENT

CHRM

01/24/2008

Electronic Signature of Signing Officer or Director

Date