2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90065 024 ***150.00

DOCUMENT # G36694

1. Entity Name
FLORIDA BULLET INCORPORATED

Principal Place of Business	Mailing Address
300 S DUNCAN AVE 287 CLEARWATER FL 33755 US	300 S DUNCAN AVE 287 CLEARWATER FL 33755 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1220 ROGERS ST	1220 ROGERS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33756-5903 Country: USA	Zip: 33756-5903 Country: USA

4. FEI Number 59-2341725 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FALONE, TOM, III
300 S DUNCAN AVE
SUITE 287
CLEARWATER FL 33255

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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] TOM FALONE, III 3-24-05
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOM FALONE, III 300 S DUNCAN AVE, SUITE 287 CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1220 ROGERS STREET CLEARWATER, FL 33756-5903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALONE, TOM 300 S. DUNCAN AVE. SUITE 287 CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1220 ROGERS STREET CLEARWATER, FL 33756-5903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] TOM FALONE III PRESIDENT 3-24-05 727-461-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #