

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 026 ***150.00

DOCUMENT # H58090

1. Entity Name
INTER-BULK LAND CO.



Principal Place of Business

~~C/O LUBRANO, ANDREW~~
210 S MAGNOLIA STE B
TAMPA, FL 33606

Mailing Address

~~C/O LUBRANO, ANDREW~~
210 S MAGNOLIA STE B
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2530628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LUBRANO, ANTONIO~~ **BRUHN, BERND H.**
210 S. MAGNOLIA
~~STATE 9700~~
TAMPA, FL 33602-0000

**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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
7/23/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRUHN, BERND H W 210 S MAGNOLIA STE B TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUBRANO, ANTONIO M 210 S MAGNOLIA STE B TAMPA, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/07 813/251-0545
Date Daytime Phone #