

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 014 ****50.00

DOCUMENT # L01000010846

1. Entity Name

OSCAR BULLARD GENERAL CONTRACTOR, L.L.C.



Principal Place of Business

994 N. BARFIELD DR.
#42
MARCO ISLAND FL 34145

Mailing Address

363 WATER LEAF COURT
MARCO ISLAND FL 34145

60010400



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

2266 Royal Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples

Florida

Zip

Country

Zip

34112

Country

Collier

4. FEI Number

65-1137897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, CRAIG R
6060 BALD EAGLE DR., STE 500
MARCO ISLAND FL 34145

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BULLARD, OSCAR
STREET ADDRESS 363 WATER LEAF COURT
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2266 Royal Lane
CITY-ST-ZIP Naples FL 34112

TITLE MGR ☐ Delete
NAME BULLARD, LINDA L
STREET ADDRESS 363 WATER LEAF COURT
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2266 Royal Lane
CITY-ST-ZIP Naples FL 34112

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Oscar Bullard

9 Feb 05 239-289-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #