

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90028 022 \*\*\*158.75

**DOCUMENT # L61047**

1. Entity Name

**BULTINCK ENTERPRISES, INC.**



Principal Place of Business

**958 SPYGLASS LANE  
NAPLES FL 34102  
US**

Mailing Address

**PO BOX 11452  
NAPLES FL 34101  
US**

2. Principal Place of Business

3. Mailing Address

**649 5TH AVE S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 212**

City & State

City & State

**NAPLES, FLORIDA**

Zip

Country

Zip

Country

**34102**

**USA**

4. FEI Number

**59-3007903**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULTINCK, STEFAAN  
958 SPYGLASS LANE  
NAPLES FL 34102**

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 \$150.00**

**After May 1, 2004 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 **VP** ☐ Delete  
NAME **BULTINCK, URBAIN**  
STREET ADDRESS **958 SPYGLASS LANE**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BAETSLE, ERNA**  
STREET ADDRESS **2400 TARPON RD.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **BULTINCK, STEFAAN**  
STREET ADDRESS **958 SPYGLASS LANE**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**STEFAN BULTINCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/04**

Date

**239-450-3505**

Daytime Phone #