## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # N03000008841 1. Entity Name 05-03-2004 90431 005 \*\*\*\*61 25 BULLWARK, INC. Principal Place of Business Mailing Address 4726 NORTH LOIS AVENUE 4726 NORTH LOIS AVENUE SUITE A-2 TAMPA FL 33614 SUITE A-2 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 13-4267549 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLYOUNG, JOHN WESLEY Street Address (P.O. Box Number is Not Acceptable) 4726 NORTH LOIS AVENUE SUITE A-2 **TAMPA FL 33614** City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1: 2004 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition WILLYOUNG, JOHN WESLEY NAME NAME **527 LAKEVIEW DRIVE** STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition LUBOWIECKY, MARK NAME NAME 1002 VISTA POINT DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL 33635 CITY-ST-ZIP CITY-ST-7IP TD TITLE Delete TITLE Change ☐ Addition SNYDER, WILLIAM NAME NAME 15828 DEEP CREEK LANE STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-7IP VD TITLE Delete TITLE Change ☐ Addition BOOTS, MICHAEL NAME NAME 4618 LANDSCAPE DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, ROBERTO NAME NAME 314 W. SOUTH AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MILLER, JOHN NAME 4701 BULLOCK COURT STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-7IP 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 617, 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.

**FILED**