

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90222 032 \*\*\*\*61.25

**DOCUMENT # N03000008841**

1. Entity Name

**BULLWARK, INC.**



Principal Place of Business

**4726 NORTH LOIS AVENUE  
SUITE A-2  
TAMPA FL 33614**

Mailing Address

**4726 NORTH LOIS AVENUE  
SUITE A-2  
TAMPA FL 33614**

2. Principal Place of Business

**4301 W Cayuga St**  
Suite, Apt. #, etc.

3. Mailing Address

**4301 W Cayuga St**  
Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33614**

Country

Zip

**33614**

Country

4. FEI Number

**13-4267549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**WILLYOUNG, JOHN WESLEY  
4726 NORTH LOIS AVENUE  
SUITE A-2  
TAMPA FL 33614**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WILLYOUNG, JOHN WESLEY  
STREET ADDRESS 527 LAKEVIEW DRIVE  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE SD ☐ Delete  
NAME LUBOWIECKY, MARK  
STREET ADDRESS 1002 VISTA POINT DRIVE  
CITY-ST-ZIP TAMPA FL 33635

TITLE TD ☐ Delete  
NAME SNYDER, WILLIAM  
STREET ADDRESS 15828 DEEP CREEK LANE  
CITY-ST-ZIP TAMPA FL 33624

TITLE VD ☐ Delete  
NAME BOOTS, MICHAEL  
STREET ADDRESS 4618 LANDSCAPE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE VD ☒ Delete  
NAME PEREZ, ROBERTO  
STREET ADDRESS 314 W. SOUTH AVENUE  
CITY-ST-ZIP TAMPA FL 33603

TITLE VD ☐ Delete  
NAME MILLER, JOHN  
STREET ADDRESS 4701 BULLOCK COURT  
CITY-ST-ZIP TAMPA FL 33624

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

*John Willyoung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-2006**

Date

Daytime Phone #