

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 041 ****61.25

DOCUMENT # N96000005957

1. Entity Name
BUDDIES THRU BULLIES, INC.



Principal Place of Business
**17435 SW 256ST
HOMESTEAD, FL 33031**

Mailing Address
**PO BOX 15938
PLANTATION, FL 33318**

40050884



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0633417

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

**ACKROYD, CAROL
17435 SW 256 ST
HOMESTEAD, FL 33031**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURSKY, MAXYNE
PO BOX 15938
PLANTATION, FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ann Frederick
PO Box 15938
Plantation, FL 33318** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ACKROYD, CAROL
17435 SW 256 ST
HOMESTEAD, FL 33031** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
James McDonald
PO Box 15938
Plantation, FL 33318** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SQUIRES, BRENDA
PO BOX 15938
PLANTATION, FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Lynn Anne Castleberry
PO Box 15938
Plantation, FL 33318** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DITFURTH, JUDITH
PO BOX 15438
PLANTATION, FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sybil LeBlanc
PO Box 15938
Plantation, FL 33318** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AFFRON, TOBY
PO BOX 15438
PLANTATION, FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kevin Keyser
PO Box 15938
Plantation, FL 33318** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SUBRAMANIAN, DONNA
PO BOX 15938
PLANTATION, FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Lisa Vorst
PO Box 15938
Plantation, FL 33318** ☐ Change ☒ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-08 305-666-8870

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N96000005957 1. Entity Name BUDDIES THRU BULLIES, INC.			
Principal Place of Business 17435 SW 256ST HOMESTEAD, FL 33031		Mailing Address PO BOX 15938 PLANTATION, FL 33318	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State NA		City & State NA	
Zip Country		Zip Country	
4. FEI Number 65-0633417		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACKROYD, CAROL 17435 SW 256 ST HOMESTEAD, FL 33031		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. NA			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSKY, MAXYNE PO BOX 15938 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Brian PO Box 15938 Plantation, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACKROYD, CAROL 17435 SW 256 ST HOMESTEAD, FL 33031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann DeLeon PO Box 15938 Plantation, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, BRENDA PO BOX 15938 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Telma Reese PO Box 15938 Plantation, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DITFURTH, JUDITH PO BOX 15438 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christina Soto PO Box 15938 Plantation, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFFRON, TOBY PO BOX 15438 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hon. Geoffrey PO Box 15938 Plantation, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUBRAMANIAN, DONNA PO BOX 15938 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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 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: <i>Carol Ackroyd</i>		Date 3-12-08 Daytime Phone # 305-666-8870	