## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2005 08:00 AM Secretary of State

	MINIOAL	KEPUKI	<u> </u>				3 00.00
DOCUMENT # P00000015751  1. Entity Name R & L PULLIAM CONSTRUCTION, INC.					Se	ecretary	of State
8026 MOON	ce of Business_ ILIGHT LANE RICHEY, FL 34654	Mailing Address 8026 MOONLIGHT LANE NEW PORT RICHEY, FL 34654		1 (44 (174) 24	<b>O</b> OKKI <b>ko</b> kki <b>k</b> ekki <b>e</b> ekki ook	II <b>aana</b> t kiran <b>t</b> ikk n <b>arr</b> t	HIRK MANAGAN SK SAGK
D	O NOT WRITE	CE	03012005 4. FEI Numbe 59-362		CR2E034 (10/	Applied For Not Applicable Additional	
8026 MOC NEW POR	RICHARD ONLIGHT LANE RT RICHEY, FL 34654	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for titions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	d Agent signature required	when reinstaling)	٠	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND DI	RECTORS					
name Street address City-St-Zip	D PULLIAM, RICHARD 8026 MOONTIGHT LANE NEW PORT RICHEY, FL 34654					;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLIAM, LINDA 8026 MOONLIGHT LANE NEW PORT RICHEY, FL 34654				000000 03/31/05-	281914 80021-025	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	rhis sf	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		···					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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: X July July Richard Pulliam X 3-28-05 727 849-4532 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Data Deputing Phone, #							
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