

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000023231

1. Entity Name
H & A BULLARD TRUCKING, INC.



Principal Place of Business
**321 MCKENZIE RD.
CANTONMENT, FL 32533**

Mailing Address
**321 MCKENZIE RD.
CANTONMENT, FL 32533**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1697080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BULLARD, HENRY L
321 MCKENZIE RD.
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

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

Mrs. Anita Bullard **Anita Bullard V.P**

Feb. 1, 07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000622181
02/13/07-80016-009 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BULLARD, HENRY L**
STREET ADDRESS **321 MCKENZIE RD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **S**
NAME **BULLARD, ANITA**
STREET ADDRESS **321 MCKENZIE RD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

Mrs. Anita Bullard **Anita Bullard V.P**

Feb. 1, 07

(850) 968-1871

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #