


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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|---|---|---------|--|--|--|
| DOCUMENT # P00000112989 1. Entity Name THOMAS AND BULLARD, INC. | | | |  | |
| Principal Place of Business 2644 LORRAINE CT. LAKE PARK FL 33403 | | | Mailing Address 2644 LORRAINE CT. LAKE PARK FL 33403 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-1080031 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LAWRENCE, L. LYNN ESQ. 12860 55 RD. NORTH ROYAL PALM BEACH FL 33411 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST BULLARD, ASHTON S 2644 LORRAINE CT. LAKE PARK FL 33403 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000029636 02/04/04-80074-011 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARROLL, THOMAS J 2644 LORRAINE CT. LAKE PARK FL 33403 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
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| 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 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: A.S. Bullard President 1/29/04 561 951-7594 | | | | | |