


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 005 ***150.00

DOCUMENT # P01000075533	
1. Entity Name BULLSEYE/PROVIDENCE SQUARE, INC.	

Principal Place of Business <i>4411 Bee Ridge Rd #501</i>	Mailing Address
7000 SOUTH TAMiami TRAIL SARASOTA, FL 34231 34233	46 NORTH WASHINGTON BOULEVARD SUITE #1 SARASOTA, FL 34236



03292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0500719	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD. STE. 1 SARASOTA, FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	BACHMAN, KENNETH H
STREET ADDRESS	7000 S TAMiami TRAIL <i>4411 Bee Ridge Rd #501</i>
CITY-ST-ZIP	SARASOTA, FL 34231 34233
TITLE	DVPS
NAME	BACHMAN, CLAUDIA J
STREET ADDRESS	7000 S TAMiami TRAIL <i>4411 Bee Ridge Rd #501</i>
CITY-ST-ZIP	SARASOTA, FL 34231 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Ken Bachman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 *941-928-8650*

Date Daytime Phone #