

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075533

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** BULLSEYE/PROVIDENCE SQUARE, INC.

**Current Principal Place of Business:**

7008 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

46 NORTH WASHINGTON BOULEVARD  
SUITE #1  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-0500719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES, INC.  
46 N WASHINGTON BLVD.  
STE. 1  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BACHMAN, KENNETH H  
Address: 1254 POINT CRISP ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: DV  
Name: BACHMAN, CLAUDIA J  
Address: 1254 POINT CRISP ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: DVS  
Name: WARMBIER, DIANE  
Address: 7815 CREST HAMMOCK WAY  
City-St-Zip: SARASOTA, FL 34240

Title: DV  
Name: WARMBIER, DAN  
Address: 7815 CREST HAMMOCK WAY  
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH H. BACHMAN

DPT

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date