

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000074046

1. Entity Name
NO BULL, INC.



Principal Place of Business
7705 SE 57 DRIVE
OKEECHOBEE, FL 34974

Mailing Address
7705 SE 57 DRIVE
OKEECHOBEE, FL 34974

FILED
Apr 14, 2005 08:00 AM
Secretary of State



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0071269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOMMER, HARVEY D
745 US HWY ONE STE 205
NORTH PALM BEACH, FL 33408

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BONFIGLIO, KAREN
STREET ADDRESS	7705 SE 57 DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	STD
NAME	BONFIGLIO, BRUCE
STREET ADDRESS	7705 SE 57 DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000305362
04/14/05-80082-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Bruce Bonfiglio *Bruce Bonfiglio*

4-10-05

883-634-9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #