

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90201 009 ***150.00

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**

40055468



2. Principal Place of Business

2991 SE 143rd Terr
Suite, Apt. #, etc.

3. Mailing Address

2991 SE 143rd Terr
Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State

MORRISTON FL

City & State

MORRISTON FL

4. FEI Number

30-0071260 30-0103604

Applied For

Not Applicable

Zip

32668

Country

USA

Zip

32668

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 2006 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** ☐ Delete
NAME **BONFIGLIO, KAREN**
STREET ADDRESS **7705 SE 57 DRIVE**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **STD** ☐ Delete
NAME **BONFIGLIO, BRUCE**
STREET ADDRESS **7705 SE 57 DRIVE**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **BONFIGLIO KAREN**
STREET ADDRESS **2991 SE 143 Terr**
CITY-ST-ZIP **MORRISTON, FL 32668**

TITLE **STD** ☒ Change ☐ Addition
NAME **BONFIGLIO BRUCE**
STREET ADDRESS **2991 SE 143 Terr**
CITY-ST-ZIP **MORRISTON, FL 32668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karen L Bonfiglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

Daytime Phone #



IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

ATTACHMENT

In reply refer to: 0440525340
Sep. 23, 2005 LTR 3064C E0
30-0103604 200412 02 000

16151

BODC: SB

40055468
P02080074046

NO BULL INC
7705 SE 57TH DR
OKEECHOBEE FL 34974-1761053

Taxpayer Identification Number: 30-0103604
Tax Period(s): Dec. 31, 2004

Dear Taxpayer:

Thank you for the inquiry of Sep. 14, 2005.

Our records show the Employer Identification number listed above is the correct one for your Corp. Please do not use any other number when filing your returns.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number (863) 634-9667 Hours 24 hrs

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.