


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000112530</b>		
1. Entity Name <b>PULSAR, INC.</b>		
Principal Place of Business <b>70 6TH AVE. SHALIMAR, FL 32579</b>	Mailing Address <b>P.O. BOX 799 SHALIMAR, FL 32579</b>	



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0802838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>HARRISON, ESTELA 70 6TH AVE. SHALIMAR, FL 32579</b>	
<b>DO NOT WRITE IN THIS SPACE</b>	

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

**2-21-08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000835304

02/20/08 00020 000 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HARRISON, ESTELA
STREET ADDRESS	70 6TH AVE.
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	HARRISON, ROBERT
STREET ADDRESS	70 6TH AVE.
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	HARRISON, BRIAN
STREET ADDRESS	70 6TH AVE.
CITY-ST-ZIP	SHALIMAR, FL 32579
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-08 850-609-1777**

Date

Daytime Phone #