

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90027 010 ***150.00

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1. Entity Name
DALLAS BULL OF TAMPA, INC.



Principal Place of Business
PO BOX 1118
PLANT CITY, FL 33564-1118

Mailing Address
PO BOX 1118
PLANT CITY, FL 33564-1118

2. Principal Place of Business

3. Mailing Address
Post Office Box 2555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State
Plant City, FL

4. FEI Number
05-0584382

Applied For
Not Applicable

Zip

Country

Zip
USA

Country
35564

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERNER, EDWARD M
110 EAST REYNOLDS STREET SUITE 700
PLANT CITY, FL 33563

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VERNER, EDWARD M	
STREET ADDRESS	PO BOX 1118	
CITY-ST-ZIP	PLANT CITY, FL 335641118	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURRATT, LEWIS P JR	
STREET ADDRESS	PO BOX 1118	
CITY-ST-ZIP	PLANT CITY, FL 335641118	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURRATT, LEWIS P SR	
STREET ADDRESS	PO BOX 1118	
CITY-ST-ZIP	PLANT CITY, FL 335641118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sec/Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] (Sec.)

1/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #