

#150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111114

1. Entity Name

BULL'S EYE INVESTMENTS, INC.



FILED

05 MAY 10 AM 9:50

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

2928 E FLOWER AVE
TAMPA, FL 33612

Mailing Address

2928 E FLOWER AVE
TAMPA, FL 33612

2. Principal Place of Business

10865 Cross Creek Blvd

3. Mailing Address

10865 Cross Creek Blvd



04152005

Chg-P

CR2E034 (10/03)

MRS

City & State

TAMPA FL

City & State

Tampa, FL

4. FEI Number

56-2403861

Applied For

Not Applicable

Zip

33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

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

6. Name and Address of Current Registered Agent

MOUBARAK, NAKHLE
2928 E FLOWER AVE
TAMPA, FL 33612

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, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOUBARAK, FADI	
STREET ADDRESS	16103 CADBURY CT	
CITY - ST - ZIP	TAMPA, FL 33647	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOUBARAK, NAKHLE	
STREET ADDRESS	2928 E FLOWLER AVE	
CITY - ST - ZIP	TAMPA, FL 33612	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAKHLE MOUBARAK

4/26/05

813-9820500

Date

Daytime Phone #