

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90301 025 \*\*\*150.00

DOCUMENT # P03000124387

1. Entity Name

BULLDOG TRUCKING ENTERPRISES, INC.



Principal Place of Business

5825 REDHAWK DRIVE  
NEW PORT RICHEY FL 34655

Mailing Address

5825 REDHAWK DRIVE  
NEW PORT RICHEY FL 34655

2. Principal Place of Business

1315 EL Pardo Dr

3. Mailing Address

1315 EL Pardo Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TRINITY FL

City & State

TRINITY FL

Zip

34655-7044

County

Pasco

Zip

34655-7044

County

Pasco

1st MOORE

CR2E034 (10/04)

4. FEI Number

56-2410534

Applied For

Not Applicable

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

MANSFIELD, ROBERT E  
5825 REDHAWK DRIVE  
NEW PORT RICHEY FL 34655

1315 EL Pardo Dr  
NEW PORT RICHEY  
FL 34655

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 \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MANSFIELD, ROBERT E  
5825 REDHAWK DRIVE  
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MANSFIELD, Robert E  
1315 EL Pardo Dr  
TRINITY FL 34655-7044 ☒ Change ☐ Addition  
Address Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JARVIS, DANIEL J  
5825 REDHAWK DR.  
NEW PORT RICHEY FL 34655 ☒ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

Robert E. Mansfield / Robert E. Mansfield DPS 727-9190726