## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## Jan 25, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000126301 1. Entity Name BULLS WOOD SHOP, INC. Mailing Address Principal Place of Business 14181 HIGHWAY 87 NORTH 14181 HIGHWAY 87 NORTH JAY, FL 32565 JAY, FL 32565 No Chg-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0405501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PIERCE, ROXANNE 14181 HIGHWAY 87 NORTH JAY, FL 32565 IN THIS SPACE 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. DATE Signature, typed or printed nerve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PIERCE, RUSTY D NAME 14181 HIGHWAY 87 NORTH STREET ADDRESS JAY, FL 32565 CITY-ST-ZIP PIERCE, ROXANNE 02/02/06-8000S-016 15**0.00** NAME STREET ADDRESS 14181 HIGHWAY 87 NORTH CITY-ST-ZIP JAY, FL 32565 TITLE NAME STREET ADDRESS DO NOT WRITE CUY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP FIFE NAME STREET ADDRESS 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.

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

850-675-0205

**FILED**