


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 004 ***150.00

DOCUMENT # P03000126301	
1. Entity Name BULLS WOOD SHOP, INC.	

Principal Place of Business 14181 HIGHWAY 87 NORTH JAY, FL 32565	Mailing Address 14181 HIGHWAY 87 NORTH JAY, FL 32565
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Change of Address.

2. Principal Place of Business - No P.O. Box # 753 TRAVIS Rd	3. Mailing Address 753 Travis Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brewton, AL	City & State Brewton, AL
Zip 36426	Country Escambia

6. Name and Address of Current Registered Agent PIERCE, ROXANNE 14181 HIGHWAY 87 NORTH JAY, FL 32565		7. Name and Address of New Registered Agent Name Betty Williamson Street Address (P.O. Box Number is not acceptable) 5208 Hwy 178 City MIKEN FL Zip Code 32570	
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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 *Betty R. Williamson* DATE **1/17/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, RUSTY D 44181 HIGHWAY 87 NORTH JAY, FL 32565 <i>753 Travis Rd Brewton, AL 36426</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, ROXANNE 14181 HIGHWAY 87 NORTH JAY, FL 32565 <i>753 Travis Rd Brewton, AL 36426</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rusty Pierce* DATE **01/15/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40004123



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0405501

Applied For
☐ Not Applicable

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

1-251-8107-9374