

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90103 006 \*\*\*150.00

66419789



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000136820</b> 1. Entity Name <b>EXECUTIVE INDUSTRIES, INC.</b>					
Principal Place of Business <b>505 NOGALES AVE. PALM BAY FL 32907</b>			Mailing Address <b>505 NOGALES AVE. PALM BAY FL 32907</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>86-1088041</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BULLARD, TED L LL 1309 GIDEON ST. SW PALM BAY FL 32908</b>			7. Name and Address of New Registered Agent Name <b>TED L. BULLARD II</b> Street Address (P.O. Box Number is Not Acceptable) <b>1309 GIDEON ST., SW</b> City <b>PALM BAY, FL</b> Zip Code <b>32908</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P BULLARD, TED L SR. 505 NOGALES AVE. PALM BAY FL 32907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BULLARD, MERRILY D 1309 GIDEON ST. SW PALM BAY FL 32908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED L. BULLARD 505 NOGALES AVE., NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED L. BULLARD 505 NOGALES AVE., NE PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED L. BULLARD 505 NOGALES AVE., NE PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED L. BULLARD 505 NOGALES AVE., NE PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED L. BULLARD 505 NOGALES AVE., NE PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ted L. Bullard</i></u>		PRESIDENT		APR 20, 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

attachment

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# ~~P03000/36820~~

NOTE:

CURRENT AGENT

TED L. BULLARD II IS WITH  
ROMAN NUMERAL II NOT LL.

DIRECTOR

TED L. BULLARD IS NOT  
A SR.