

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026441

FILED  
Jul 14, 2005  
Secretary of State

Entity Name: UNITED BULLNOSE & COPING, INC.

**Current Principal Place of Business:**

7608 EMERALD DR.  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

7608 EMERALD DR.  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSMUN, WILLIAM  
207 LOGGERHEAD DR.  
MELBOURNE BEACH, FL 32951 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: OSMUN, WILLIAM  
Address: 207 LOGGERHEAD DR.  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: P ( ) Delete  
Name: GRIMALDI, JEFFREY  
Address: 1650 SOUTHWEST CAISOR AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S ( ) Delete  
Name: BULLERS, JACK  
Address: 501 WINTER GARDEN PARKWAY  
City-St-Zip: FORT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM OSMUN

T

07/14/2005

Electronic Signature of Signing Officer or Director

Date