

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000004433

1. Entity Name
BULL CONSTRUCTION, INC.



Principal Place of Business
400 W. HARVARD ST.
INVERNESS, FL 34452

Mailing Address
400 W. HARVARD ST.
INVERNESS, FL 34452

FILED
Jan 07, 2008 08:00 AM
Secretary of State



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2136580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JAMES
400 W. HARVARD ST.
INVERNESS, FL 34452

**DO NOT WRITE
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.

SIGNATURE James Perez President

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/2008

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, JAMES
STREET ADDRESS	400 W. HARVARD ST.
CITY-ST-ZIP	INVERNESS, FL 34452

TITLE	VD
NAME	BASILE, JOSEPH
STREET ADDRESS	6295 W WOODWIND POINT
CITY-ST-ZIP	FLORAL CITY, FL 34436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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01/08/08-80025-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2008 352-726-4208