

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 21 AM 11:30

DOCUMENT # P05000034008 1. Entity Name BULES TRUCKING, INC.		 APR 21 AM 11:30
Principal Place of Business 4619 LANDOVER ROAD 2507 MATHESON AVE SPRING HILL, FL 34609 US		Mailing Address 4619 LANDOVER ROAD SPRING HILL, FL 34609 US
2. Principal Place of Business - No P.O. Box # 2507 MATHESON AVE		3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State SPRING HILL, FL		City & State Same
Zip 34608		Zip Same
Country US		Country Same
4. FEI Number 20-2464803 26-1843333		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BULES, RAUL 4619 LANDOVER ROAD SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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 registration agent. SIGNATURE: DATE: 3/29/08		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete BULES, RAUL 4619 LANDOVER ROAD SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BULES, MARIA 4619 LANDOVER ROAD SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: MARIA Bules		DATE: 3/29/08 (352) 200-8830