

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000077083

1. Entity Name
BLUFFSLYK, INC.



Principal Place of Business
1305 GREENLAND TRACE
DELAND, FL 32720

Mailing Address
1305 GREENLAND TRACE
DELAND, FL 32720

2. Principal Place of Business
7128 16th Street
Suite, Apt. #, etc.

3. Mailing Address
7128 16th Street
Suite, Apt. #, etc.

City & State
Zephyrhills, FL
Zip 33540

City & State
Zephyrhills, FL
Zip 33540

Country USA

Country USA

6. Name and Address of Current Registered Agent

CARROLL, PATRICIA A
8903 REGENTS PARK DR
STE 110
TAMPA, FL 33647

Name

Street Address (P.O. Box Number is Not Acceptable)

City

50006104



03152006 Chg-P CR2E034 (11/05)

4. FEI Number
32-0151124

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME YOUNG, GARY
STREET ADDRESS 7129 16TH ST
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

Delete

TITLE D
NAME Knowlton, Cedric
STREET ADDRESS 36405 Fairview Heights Road
CITY-ST-ZIP Zephyrhills, FL 33541

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE D
NAME Luffman, Wayne
STREET ADDRESS 1305 Greenland Trace
CITY-ST-ZIP Deland, FL 32720

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Gary G. Young*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06
Date

813/788-6402
Daytime Phone #