

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 012 ***150.00

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

50006104



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

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

03152006 Chg-P CR2E034 (11/05)

City & State
Zephyrhills, FL
Zip 33540 Country USA

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Zephyrhills, FL
Zip 33540 Country USA

4. FEI Number
32-0151124
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Gary G. Young

3/21/06

813/788-6402