2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90411 039 ***150.00

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03172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000081946

1. Entity Name
THE LAW OFFICES OF JONATHAN F. BULL, P.A.

Principal Place of Business	Mailing Address
1985 FLASHY LANE MALABAR, FL 32950	1985 FLASHY LANE MALABAR, FL 32950

2. Principal Place of Business	3. Mailing Address
1071 Port Malabar Blvd NE	1071 Port Malabar Blvd NE
Suite, Apt. #, etc.: Suite #203	Suite, Apt. #, etc.: Suite #203
City & State: Palm Bay, FL	City & State: Palm Bay, FL
Zip: 32905 Country: Brevard	Zip: 32905 Country: Brevard

4. FEI Number: 20-2964558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BULL, JONATHAN F ESQ 1985 FLASHY LANE MALABAR, FL 32950	Name: Bull, Jonathan F. Esq. Street Address (P.O. Box Number is Not Acceptable): 1071 Port Malabar Blvd NE Ste #203 City: Palm Bay **FL** Zip Code: 32905

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: Jonathan F. Bull Esq., Reg. Agent 03/17/06
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 NAME STREET ADDRESS CITY-ST-ZIP	P BULL, JONATHAN F ESQ 1985 FLASHY LANE MALABAR, FL 32950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Bull, Jonathan F. Esq. 1071 Port Malabar Blvd NE, Ste. #203 Palm Bay, Florida 32905 ☑ 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
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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: Jonathan F. Bull Esq., Director 03/17/06 321-956-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #