

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069779

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** BRUCE S. BULLOCK PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

5515-2 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

5515-2 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 26-0354080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULLOCK, BRUCE S  
5515-2 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BULLOCK, BRUCE S SR.  
Address: 5515-2 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP  
Name: BULLOCK, BRUCE S SR.  
Address: 5515-2 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SEC  
Name: BULLOCK, BRUCE S SR.  
Address: 5515-2 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: TREA  
Name: BULLOCK, BRUCE S SR.  
Address: 5515-2 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE S. BULLOCK

PRES

02/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date