## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jun 18, 2004 8:00 am Secretary of State DOCUMENT # P93000003887 06-18-2004 90003 047 \*\*\*150.00 1. Entity Name JAMES F. BULLION, JR., D.D.S., P.A. Principal Place of Business Mailing Address 3060 EAST SEMORAN BLVD. 3060 EAST SEMORAN BLVD. 54057953 **SUITE 112** APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 59-3190300 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLION, JAMES F JR Street Address (P.O. Box Number is Not Acceptable) 3060 EAST SEMORAN BLVD. SUITE 112 APOPKA FL 32703 Zip Code City 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered a SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE BULLION, JAMES F JR NAME NAME 3060 EAST SEMORAN BLVD, SUITE 112 STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . Delete . TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 empowers

**SIGNATURE:** 

**FILED** 

407 682 1114

## Hachment 54057953

JAMES F. BULLION, JR., D.D.S.
BEAR LAKE VILLAGE
3060 E. SEMORAN BLVD., SUITE 112
APOPKA, FLORIDA 32703

Telephone (407) 682-1114

\* Please note\*

not receive a 2004 Form.

Upon Calling the Division
of Corporations I did find
out that you are undergoing
a transition to online registration

Also, the late fee was unived.

Thank You

Sincerely,

July 1