2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P94000040538 BULLSEYE PROPERTIES, INC. Principal Place of Business Mailing Address 7008 S. TAMIAMI TRAIL 7008 S. TAMIAMI TRAIL SARASOTA, FL 34231 US SARASOTA, FL 34231 04092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0500719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BACHMAN, KENNETH H DO NOT WRITE 7008 S. TAMIAMI TRAIL SARASOTA, FL 34231 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BACHMAN, KENNETH H 110473149901 % 34/44-20140-019 150.0C STREET ADDRESS 7008 S. TAMIAMI TRAIL CITY - ST - ZIP SARASOTA, FL VSD TITLE BACHMAN, CLAUDIA J. NAME 7008 S. TAMIAMI TR., STREET ADDRESS CITY-ST-7(P SARASOTA, FL TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 reports 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 employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like employeered. with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS City-St-ZiP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED