## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P94000040538** 04-29-2005 90202 038 \*\*\*150.00 1. Entity Name BULLSEYE PROPERTIES, INC. Mailing Address Principal Place of Business 7008 S. TAMIAMI TRAIL 7008 S. TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 US 2. Principal Place of Business 3. Mailing Address 46 N. WASHINGTON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 CR2E034 (10/03) Chg-P SUITE 1 City & State City & State 4. FEI Number Applied For 65-0500719 Not Applicable SARASOTA Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 34236 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TTS CORPORATE SERVICES, BACHMAN, KENNETH H Street Address (P.O. Box Number is Not Acceptable) $46\ N.\ WASHINGTON\ BLVD$ . 7008 S. TAMIAMI TRAIL SARASOTA, FL 34231 SUITE 1 <sup>Zig</sup> 4236 SARASOTA, FL 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 pugistered agent. SIGNATURE agent and little if applicabl (NOTE: Registered Agent signature required when reinstating) OHN PATTERSON, <del>Pnesident</del> 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Defete ☐ Change ☐ Addition NAME BACHMAN, KENNETH H NAME 7008 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP VSD Delete TITLE Change ■ Addition BACHMAN, CLAUDIA J. NAME NAME 7008 S. TAMIAMI TR., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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

**FILED** 

Caytime Phone #

KENNETH H. BACHMAN, President

OWNERS TO THE OR PRINT

SIGNATURE: