

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037175

Entity Name: BULLOCK & ASSOCIATES, INC.

FILED  
Jan 13, 2004  
Secretary of State

**Current Principal Place of Business:**

2180 IMMOKALEE RD  
SUITE 304  
NAPLES, FL 34110140 US

**Current Mailing Address:**

2180 IMMOKALEE RD  
SUITE 304  
NAPLES, FL 34110140 US

FEI Number: 65-0583075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

2180 IMMOKALEE RD  
SUITE 304  
NAPLES, FL 341101407 US

**New Mailing Address:**

2180 IMMOKALEE RD  
SUITE 304  
NAPLES, FL 341101407 US

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

CHEFFY, JANE Y ATTY.  
2375 TAMIAMI TRAIL NORTH  
SUITE 207  
NAPLES, FL 33940 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: BULLOCK, JOHN M  
Address: 2180 IMMOKALEE RD #304  
City-St-Zip: NAPLES, FL 34110

Title: V ( ) Delete  
Name: BULLOCK, JEFFREY S  
Address: 2180 IMMOKALEE RD #  
City-St-Zip: NAPLES, FL 341101407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN M. BULLOCK

DPS

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date