

**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000052788

1. Entity Name
BULLARD MANAGEMENT SERVICES, INC.



Principal Place of Business
**221 N. MARION AVE., SUITE 202
LAKE CITY, FL 32055**

Mailing Address
**POST OFFICE BOX 1432
LAKE CITY, FL 32056**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3322071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BULLARD, AUDREY S CPA.
1826 SW SR 47
LAKE CITY, FL 32025**

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLARD, CHRIS A
STREET ADDRESS	POST OFFICE BOX 1432
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	VPD
NAME	BULLARD, AUDREY S
STREET ADDRESS	POST OFFICE BOX 1432
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	STD
NAME	BULLARD, ELIZABETH A
STREET ADDRESS	PO BOX 1432
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000447010
03/18/06-80036-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:

Chris A. Bullard **Chris A. Bullard**

2/5/6

386-754-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #