


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90031 028 ***150.00

DOCUMENT # P95000055599																																																																																																											
1. Entity Name BULLUCK MORTGAGE & INVESTMENT GROUP, INC.																																																																																																											
Principal Place of Business 11016 N. DALE MABRY SUITE 202 TAMPA, FL 33618 US			Mailing Address P.O. BOX 274043 TAMPA, FL 33688																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		4. FEI Number 59-3321329																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent RUTHERFORD, THOMAS S 11016 N DALE MABRY SUITE 201 TAMPA, FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																								
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">D</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">BULLUCK, ROBERT A</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;">SUITE 202</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">11016 N DALE MABRY SUITE 201</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;">SANTANA, DAYNA M.</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">TAMPA, FL 33624</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;">(NAME CHANGE MARRIAGE)</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">GLIHA, DAYNA M</td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;">SANTANA, DAYNA M.</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">11016 DALE MABRY HWY # 202</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;">(NAME CHANGE MARRIAGE)</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">TAMPA, FL 33618</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. 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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 empowered.																																																																																																											
SIGNATURE: _____ 1/5/03 (813) 969-3990																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																											