

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 006 ***150.00

DOCUMENT # P97000000808					
1. Entity Name PULSIFER BROKERAGE, INC.					
Principal Place of Business 2234 SHADOW WOOD LN. SARASOTA, FL 34240			Mailing Address 2234 SHADOW WOOD LN. SARASOTA, FL 34240		
2. Principal Place of Business 9040 Town Center Pkwy Ste 102 Bradenton, FL 34202		3. Mailing Address 9040 Town Center Pkwy Ste 102 Bradenton, FL 34202			
4. FEI Number 65-0723129		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PULSIFER, JAMES D 2234 SHADOW WOOD LANE SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name: Pamela Pulsifer Street Address (P.O. Box Number is Not Acceptable): 9040 Town Center Parkway Ste 102 City: Bradenton FL Zip Code: 34202		
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: <u>Pamela Pulsifer</u> <u>Pamela Pulsifer</u> <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: PULSIFER, JAMES D STREET ADDRESS: 2234 SHADOW WOOD LANE CITY-ST-ZIP: SARASOTA, FL 34240	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: P NAME: PULSIFER, JAMES D STREET ADDRESS: 2234 SHADOW WOOD LANE CITY-ST-ZIP: SARASOTA, FL 34240	
TITLE: V NAME: PULSIFER, PAMELA J STREET ADDRESS: 2234 SHADOW WOOD LANE CITY-ST-ZIP: SARASOTA, FL 34240	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: V NAME: PULSIFER, PAMELA J STREET ADDRESS: 2234 SHADOW WOOD LANE CITY-ST-ZIP: SARASOTA, FL 34240	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: 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)(l), 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: <u>Pamela Pulsifer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/10/05</u> <u>941 378-3167</u> <small>Date Daytime Phone #</small>		