

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000013596

1. Entity Name  
STEVE E. BULLOCK, P.A.



Principal Place of Business

6800 BIRD ROAD  
SUITE 200  
MIAMI, FL 33155

Mailing Address

6800 BIRD ROAD  
SUITE 200  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



07262008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0726235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BULLOCK, STEVE  
6800 BIRD ROAD  
SUITE 200  
MIAMI, FL 33155

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME BULLOCK, STEVE  
STREET ADDRESS 6800 BIRD ROAD SUITE 200  
CITY-ST-ZIP MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 25, 2008 (305) 829-0084  
Date Daytime Phone #