


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90036 018 ***150.00

DOCUMENT # P97000027848

1. Entity Name: **FRIENDS OF BULL CREEK, INC.**



Principal Place of Business: **3025 BRANDYWINE LANE
W MELBOURNE, FL 32904**

Mailing Address: **P.O. BOX 361844
MELBOURNE, FL 32936-1844 US**

40022583



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

02122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**HICKS, EDWARDS R
1697 SEA DRIFT CT
PALM BAY, FL 32907**

4. FEI Number: **59-3442188**

Applied For: ☐ Not Applicable

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

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: *Edmund R. Hicks* *Treasurer* **02 20 05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, PAUL JR 3025 BRANDYWINE LANE W MELBOURNE, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HICKS, EDWARD R 1697 SEA DRIFT CT PALM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Edmund R. Hicks* **02 20 05** **321-427-0830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR