

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90022 050 \*\*\*150.00

<b>DOCUMENT # P97000027848</b> 1. Entity Name <b>FRIENDS OF BULL CREEK, INC.</b>					
Principal Place of Business <b>3025 BRANDYWINE LANE W MELBOURNE, FL 32904</b>			Mailing Address <b>P.O. BOX 361844 MELBOURNE, FL 32936-1844 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3442188</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HICKS, EDWARDS R 1697 SEA DRIFT CT PALM BAY, FL 32907</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PARKER, PAUL JR 3025 BRANDYWINE LANE W MELBOURNE, FL 32904</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input type="checkbox"/> Delete <b>HICKS, EDWARD R 1697 SEA DRIFT CT PALM BAY, FL 32907</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Edward R Hicks</i> <b>Edward Ray Hicks</b> <i>Treasurer</i> <b>03/05/08</b> <b>321-421-0830</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40047185



03022008 Chg-P CR2E034 (12/06)

# ATTACHMENT

## Florida Corporate Short Form Income Tax Return

40047185

#P97000027848

ATX1  
F-1120A  
R. 01/08

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/08

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

If you are requesting a refund, send your return to:

FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE FL 32314-6440

### Florida Corporate Short Form Income Tax Return

ATX1 AF-1120A

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge. R. 01/08

Signature of Officer		Date	Phone
Signature of Individual or Firm Preparing the Return		Preparer's PTIN <input checked="" type="checkbox"/> or FEIN <input type="checkbox"/> (Check one)	Phone
SUSAN E MANN		03/02/2008	321-452-9559
FEIN 59-3442188		P00626447	

Taxable Year Beginning 01/01/2007 Taxable Year Ending 12/31/2007

Name FRIENDS OF BULL CREEK INC

Address 1697 SEA DRIFT CT NW

Address

City/State/ZIP PALM BAY, FL 32907-6949

DOR USE ONLY

593442188	0	1	01
20070101	-51100	0	0
20071231	0	0	0
0	0	813000	0
-51100	0	2	0
0	0	2	0
0	0	N/A	0
0	0	0	0