

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90758 035 ***158.75

DOCUMENT # P97000063073

1. Entity Name
BUL-HED EQUIPMENT CO., INC.



Principal Place of Business
**3995 HIGHWAY #60 EAST
MULBERRY, FL 33860**

Mailing Address
**3995 HIGHWAY #60 EAST
MULBERRY, FL 33860**

2. Principal Place of Business
1200 OLD BREWSTER ROAD

3. Mailing Address
P.O. BOX 1301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. MEADE, FL

City & State
MULBERRY, FL

Zip

Country
US

Zip

33860

Country
US

01142004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3456837

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BULGER, J. MICHAEL
3995 HIGHWAY #60 EAST
MULBERRY, FL 33860**

7. Name and Address of New Registered Agent

Name
BULGER, J. MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
1200 OLD BREWSTER ROAD
City
FT. MEADE **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

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BULGER, J. MICHAEL
3995 HIGHWAY #60 EAST
MULBERRY, FL 33860** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HEDRICK, RONNIE E
3995 HIGHWAY #60 EAST
MULBERRY, FL 33860** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BULGER, J. MICHAEL
6715 POLEY CREEK DRIVE W
LAKE LAND, FL 33811** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HEDRICK, RONNIE E.
625 CRESCENT HILLS DRIVE
LAKE LAND, FL 33813-4655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #