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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021696

1. Corporation Name

BAD BIRD ENTERPRISES, INC.

Principal Place of Business

1109 DIXON BLVD.
COCOA FL 32922

Mailing Address

1109 DIXON BLVD.
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

59-3519125

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOURDREAU, JOHN EDWARD JR.
1109 DIXON BLVD.
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BOURDREAU, JOHN EDWARD JR.**
STREET ADDRESS **1109 DIXON BLVD.**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ DELETE
NAME **MARCUS, JOHN E**
STREET ADDRESS **6200 RIDGEWOOD AVE. APT. B**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☐ DELETE
NAME **EGERT, STEVEN W**
STREET ADDRESS **1052 MYRTLE LANE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ DELETE
NAME **GOATLY, ROBERT L**
STREET ADDRESS **2511 COCONUT DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **D** ☒ DELETE
NAME **HARRIS, DANIEL MELVIN II**
STREET ADDRESS **5050 JUMPER STREET**
CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D. CORREIA EDMUND D.**
5.3 STREET ADDRESS **5500 WHITE HERON LANE**
5.4 CITY-ST-ZIP **MELBOURNE, FL. 32934**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN E BOURDREAU JR 225-99 407 633 3683

Date

Daytime Phone #

CR2E034 (1/98)