

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90028 001 ***150.00

DOCUMENT # P98000039934

1. Entity Name

BULLDOG BUILDERS, INC.



Principal Place of Business

**4140 CEDAR ST.
SAINT JAMES CITY FL 33956**

Mailing Address

**PO BOX 523
SAINT JAMES CITY FL 33956**



2. Principal Place of Business - No P.O. Box #

4140 CEDAR ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 523

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

St. James City FL.

Zip

33956

County

Lee

City & State

St. James City FL.

Zip

33956

County

Lee

4. FEI Number

59-3508788

Applied For

Not Applicable

5. Certificate of Status Desired ☒ NO

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM, INC.
813 DELTONA BLVD
SUITE A
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name **Bill R Tolley Jr.**

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

4140 CEDAR ST.

City

St. James City

FL

Zip Code

33956

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 (as applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ NO

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **TOLLEY, WILLIAM R JR**

STREET ADDRESS **4140 CEDAR ST.**

CITY- ST- ZIP **SAINT JAMES CITY FL 33956**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

11/27/08 239-707-0654