


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 007 ***150.00

DOCUMENT # P98000058595 1. Entity Name BULK SOLUTIONS, INC.					
Principal Place of Business 3108 CENTRAL DR PLANT CITY FL 33566			Mailing Address 3108 CENTRAL DR PLANT CITY FL 33566		
2. Principal Place of Business 4040 WARING RD		3. Mailing Address 4040 WARING RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3518728	
Zip 33811		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMAGUST, DONALD J 3108 CENTRAL DR. PLANT CITY FL 33566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4040 WARING RD. City LAKELAND FL Zip Code 33811			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ARMAGOST, DONALD 3108 CENTRAL DR PLANT CITY FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4040 WARING RD LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, BRECK 3108 CENTRAL DR PLANT CITY FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4040 WARING RD. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGELER, BRETT 3108 CENTRAL DR PLANT CITY FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4040 WARING RD LAKELAND, FL 33811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Donald J Armagost</i> Donald J Armagost D.C. 1/31/05 863-248-1136					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					