

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000093321**

1. Entity Name

**BOULDIN ENTERPRISES, INC.**



Principal Place of Business

**1426 STERLING POINT DRIVE  
GULF BREEZE, FL 32561**

Mailing Address

**1426 STERLING POINT DRIVE  
GULF BREEZE, FL 32561**



02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3611005**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOULDIN, DON E  
1426 STERLING POINT DRIVE  
GULF BREEZE, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1800000465130  
03/22/06-80063-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOULDIN, DON E
STREET ADDRESS	1426 STERLING POINT DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	ST
NAME	BOULDIN, NINA C
STREET ADDRESS	1426 STERLING POINT DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	V
NAME	BOULDIN, MICHAEL W
STREET ADDRESS	1426 STERLING PT DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Don E. Boudin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-06 850 934 9070**

Date

Daytime Phone #