

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90240 020 ***150.00

DOCUMENT # V44270

1. Entity Name
BULLDOG CAPITAL MANAGEMENT, INC.



Principal Place of Business
**33 N GARDEN AVE
#750
CLEARWATER, FL 33755 US**

Mailing Address
**33 N. GARDEN AVE.
#750
CLEARWATER, FL 33755 US**

20043981



2. Principal Place of Business
1862 MCCAULEY ROAD

3. Mailing Address
PO BOX 1558

Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3131284

Applied For
☐ Not Applicable

Zip
33765

Country
PINELLAS

Zip
33767

Country
PINELLAS

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

6. Name and Address of Current Registered Agent
**POLLACK, RONALD J
33 N GARDEN AVE
#750
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent
Name
RONALD J. POLLACK
Street Address (P.O. Box Number is Not Acceptable)
1000 ELDORADO AVENUE
City
CLEARWATER FL Zip Code **33767**

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 **RONALD J. POLLACK** **4/29/06**
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	CST POLLACK, RONALD J. 33 N GARDEN AVE #750 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST POLLACK, RONALD J 1000 ELDORADO AVENUE CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **RONALD J. POLLACK, CHAIRMAN** **APRIL 29, 2006** **727-725-5225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #