## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007494

Entity Name: BULLY ARMOR, INC.

**Current Principal Place of Business:** 

689 DELTONA BLVD DELTONA. FL 32725

**Current Mailing Address:** 

689 DELTONA BLVD DELTONA, FL 32725

FEI Number: 46-3357150 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PIZZA, NICHOLAS 689 DELTONA BLVD DELTONA, FL 32725 US

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.

SIGNATURE: NICHOLAS PIZZA 02/27/2017

Electronic Signature of Registered Agent

Date

FILED Feb 27, 2017

**Secretary of State** 

CC9478376498

Officer/Director Detail:

Title CHAIRMAN Title OFFICER

NamePIZZA, NICHOLASNameSTABILE, RALPHAddress2770 SHADOW RIDGE DRIVEAddress866 GLASGOW AVECity-State-Zip:DELTONA FL 32725City-State-Zip:DELTONA FL 32738

Title OFFICER Title TREASURER

Name STABILE, LILLIAN Name ZAPATA, JOSEPH

Address 866 GLASGOW AVE Address 209 W TARRINGTON DR

City-State-Zip: DELTONA FL 32738 City-State-Zip: DELAND FL 32724

Title OFFICER Title OFFICER

Name HALL, AMY Name SMITH, DIANE

Address 210 COUNTRY FARMS RD Address 1355 VOLTAIRE ST

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: DELTONA FL 32725

Title SECRETARY Title OFFICER

NameCREMER, DENISENameRICHTER, SEANAddressPO BOX 530114Address104 WISTERIA LANECity State Zin:DEDARY, EL 23752City-State-Zip:DELAND FL 32724

City-State-Zip: DEBARY FL 32753 City-State-Zip: DELAND FL 32/24

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS PIZZA CHAIRMAN 02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title OFFICER Title OFFICER

Name GIZZI, GENE Name CYRIER, CHRISTINE

Address 751 BREHNER TERRACE Address 1651 LAKESIDE DR

City-State-Zip: DELTONA FL 32738 City-State-Zip: DELAND FL 32720