2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 110761

1. Entity Name
CAIN & BULTMAN, INC.

Principal Place of Business	Mailing Address
2145 DENNIS STREET JACKSONVILLE, FL 32203-2815	2145 DENNIS STREET PO BOX 2815 JACKSONVILLE, FL 32203-2815

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0182850
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDIFER, MICHAEL
2145 DENNIS STREET
JACKSONVILLE, FL 32204

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TYLER, B B
STREET ADDRESS	2145 DENNIS
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	PD
NAME	SANDITER, MA
STREET ADDRESS	2145 DENNIS
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	CD
NAME	SANDIFER, T.N.
STREET ADDRESS	2145 DENNIS
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	DERRICK, LA
STREET ADDRESS	2145 DENNIS
CITY-ST-ZIP	JACKSONVILLE, FL 32203
TITLE	VP
NAME	KIRK, JAMES
STREET ADDRESS	2145 DENNIS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32203
TITLE	VP
NAME	FAIRCLOTH, WARREN
STREET ADDRESS	2145 DENNIS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32203

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01/23/08-80083-020 150.00

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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: _____ 1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #