


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000062569</b> 1. Entity Name CARROLL FULMER HOLDING CORPORATION	
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Principal Place of Business 8340 AMERICAN WAY GROVELAND, FL 34736-5000	Mailing Address PO BOX 5000 GROVELAND, FL 34736-5000
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01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0626294	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FULMER, PHILIP R 8000 CHERRY LAKE RD GROVELAND, FL 34736	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1100000123559  
04/22/04-80009-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, TIMOTHY A 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CYNTHIA F 12928 LOOKINGBILL LANE ATHENS, AL 35611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL A 11610 OSPREY POINTE BLVD. CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Philip R. Fulmer	1-27-04	(352) 429-5000
	Date	Daytime Phone #