


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90090 034 \*\*\*150.00

<b>DOCUMENT # P02000062569</b> 1. Entity Name <b>CARROLL FULMER HOLDING CORPORATION</b>	
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Principal Place of Business <b>8340 AMERICAN WAY GROVELAND, FL 34736-5000</b>	Mailing Address <b>PO BOX 5000 GROVELAND, FL 34736-5000</b>
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**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>02-0626294</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FULMER, PHILIP R  
8000 CHERRY LAKE RD  
GROVELAND, FL 34738**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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 34738
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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_