

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

149095
 1. Entity Name
CULVER CORPORATION INC



Principal Place of Business Mailing Address
 4513 N W 33RD AVE PO BOX 421342
 MIAMI, FL 33142 US MIAMI, FL 33242-342 US

DO NOT WRITE IN THIS SPACE

04162004 Applied For
 4. FEI Number 14-9095230 Not Applicable
 5. Certificate of Status Desired \$8.75

6. Name and Address of Current Registered Agent
 CULVER, C. SULLIVAN, SR.
 4501 NW 33RD AVE
 MIAMI, FL 33142

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULVER, C. SULLIVAN, SR
STREET ADDRESS	4501 NW 33RD AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	SIMPSON, JAQUELINE C
STREET ADDRESS	4501 NW 33RD AVENUE
CITY - ST - ZIP	ATLANTA, GA
TITLE	D
NAME	PEEK, JAMITALINE LIA
STREET ADDRESS	660 QUEEN ST SW
CITY - ST - ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

100000127017
 04/23/04-90058-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Culver C. Sullivan* *Jaqueline C. Simpson* 4/19/04 305 637-7387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #