2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 218151

Entity Name
FULTON-COLE, INC.

Principal Place of Business	Mailing Address
2220 OAK DRIVE P.O.BOX 98 ALTURAS, FL 33820 US	2220 OAK DRIVE P.O.BOX 98 ALTURAS, FL 33820 US

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0856136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

W. FULTON
2220 OAK DRIVE
P.O.BOX 98
ALTURAS, FL 33820

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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, 2006 Fee will be $550.00

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

000000398191
01/30/06-80086-003 150.00

OFFICERS AND DIRECTORS

	CD FULTON, WERNER C
ADDRESS	9 HEIGHTS AVE
ST-ZIP	FROSTPROOF, FL 00000,
	PD CRAWFORD, C HUGH
ADDRESS	1460 BOUGAINVILLEA WAY
ST-ZIP	BARTOW, FLORIDA 00000,
	STD FULTON, BETTY J
ADDRESS	9 HEIGHTS AVE
ST-ZIP	FROSTPROOF, FL 00000,
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: W.C. Fulton W.C. FULTON 1-20-06 863-537-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #