


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 218151 1. Entry Name FULTON-COLE, INC.	
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Principal Place of Business 2220 OAK DRIVE P.O. BOX 98 ALTURAS, FL 33820 US	Mailing Address 2220 OAK DRIVE P.O. BOX 98 ALTURAS, FL 33820 US
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0856136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent W.C. FULTON 2220 OAK DRIVE P.O. BOX 98 ALTURAS, FL 33820	
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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 _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when cancelling.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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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10. OFFICERS AND DIRECTORS		U000000854839 04/24/08-80044-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FULTON, WERNER C 134 ODIN DR WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, C HUGH 1460 BOUGAINVILLEA WAY BARTOW, FLORIDA 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULTON, BETTY J 134 ODIN DR WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: *C. Hugh Crawford* **04/09/08 (863) 537-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D 1/1/08 Phone X