

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 543091 1. Entity Name PULLUM & PULLUM, P.A.	
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Principal Place of Business 1330 W CITIZENS BLVD. 701 LEESBURG, FL 34748 US	Mailing Address 1330 W CITIZENS BLVD. SUITE 701 LEESBURG, FL 34749-2160 US
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02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1760671	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PULLUM, STEPHEN 1330 W CITIZENS BLVD. LEESBURG, FL 34748	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when restate) 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	UD00000653889 03/13/07-80041-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PULLUM, J. STEPHEN 1330 W CITIZENS BLVD LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PULLUM, MARYBETH 1330 W CITIZENS BLVD LEESBURG, FL
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**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: J. Stephen Pullum 2/28/07 352/728-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #