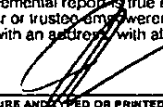


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-29-2008 90015 021 ***138.75
03-12-2008 90031 046 ****11.25

DOCUMENT # 543091 1. Entity Name PULLUM & PULLUM, P.A.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1760671	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULLUM, STEPHEN 1330 W CITIZENS BLVD. LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PULLUM, J. STEPHEN 1330 W CITIZENS BLVD LEESBURG, FL		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PULLUM, MARYBETH 1330 W CITIZENS BLVD LEESBURG, FL		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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: 			2-27-08 352-728-3160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		