

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90072 040 \*\*\*150.00

**DOCUMENT # F02000002259**

1. Entity Name  
**CARROLL FULMER BROKERAGE CORPORATION**



Principal Place of Business  
**8340 AMERICAN WAY  
GROVELAND, FL 34736-5000**

Mailing Address  
**PO BOX 5000  
GROVELAND, FL 34736-5000**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0664711**

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**

**FULMER, PHILIP R  
8000 CHERRY LAKE RD.  
GROVELAND, FL 34736**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CDPS
NAME	FULMER, BARBARA B
STREET ADDRESS	11050 AUTUMN LANE
CITY - ST - ZIP	CLERMONT, FL 347118128
TITLE	C
NAME	FULMER, CARROLL L
STREET ADDRESS	11050 AUTUMN LN.
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	SVP
NAME	TURNER, CYNTHA F
STREET ADDRESS	12928 LOOKINGBILL LN.
CITY - ST - ZIP	ATHENS, AL 35611
TITLE	SVPS
NAME	FULMER, PHILIP R
STREET ADDRESS	8000 CHERRY LAKE RD.
CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	SVP
NAME	FULMER, CARROLL A
STREET ADDRESS	11610 OSPREY POINTE BLVD.
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	SVP
NAME	FULMER, TIMOTHY A
STREET ADDRESS	13045 SUGAR BLUFF RD.
CITY - ST - ZIP	CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Philip R. Fulmer**

**3/16/05 (352) 429-5000**

Date

Daytime Phone #