

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002259

FILED
Apr 06, 2009
Secretary of State

Entity Name: CARROLL FULMER BROKERAGE CORPORATION

Current Principal Place of Business:

8340 AMERICAN WAY
GROVELAND, FL 347365000

New Principal Place of Business:

Current Mailing Address:

PO BOX 5000
GROVELAND, FL 347365000

New Mailing Address:

FEI Number: 01-0664711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDPS () Delete
Name: FULMER, BARBARA B
Address: 11050 AUTUMN LANE
City-St-Zip: CLERMONT, FL 347119128

Title: CD () Delete
Name: FULMER, CARROLL L
Address: 11050 AUTUMN LN.
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: TURNER, CYNTHA F
Address: 1690 SQUIRE RUN
City-St-Zip: ATHENS, AL 35613

Title: VPSD () Delete
Name: FULMER, PHILIP R
Address: 8000 CHERRY LAKE RD.
City-St-Zip: GROVELAND, FL 34736

Title: VPD () Delete
Name: FULMER, CARROLL A
Address: 11610 OSPREY POINTE BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: VPTD () Delete
Name: FULMER, TIMOTHY A
Address: 13045 SUGAR BLUFF RD.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP R. FULMER

VPSD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date