

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003653

FILED
Apr 11, 2007
Secretary of State

Entity Name: FULGHUM FIBRES FLORIDA, INC.

Current Principal Place of Business:

PO BOX 15395
AUGUSTA, GA 309191395

New Principal Place of Business:

3604 WHEELER RD
C
AUGUSTA, GA 30909

Current Mailing Address:

PO BOX 15395
AUGUSTA, GA 309191395

New Mailing Address:

FEI Number: 58-2366364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DC () Delete
Name: FULGHUM, O T JR
Address: 3604 WHEELER RD
City-St-Zip: AUGUSTA, GA 30909

Title: DP () Delete
Name: WELLS, H HEYWARD JR
Address: 3604 WHEELER RD
City-St-Zip: AUGUSTA, GA 30909

Title: ST () Delete
Name: KING, JUDY A
Address: 3604 WHEELER RD
City-St-Zip: AUGUSTA, GA 30909

Title: V () Delete
Name: HAUFF, ANTHONY M
Address: 3604 WHEELER RD
City-St-Zip: AUGUSTA, GA 30909

Title: D (X) Delete
Name: HARVEY, FRED K JR
Address: 190 E 7TH ST
City-St-Zip: LOUISVILLE, GA 30434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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 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: ANTHONY M. HAUFF, CPA

VP

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date