

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90103 049 ***150.00

DOCUMENT # G36768

1. Entity Name

CULPEPPER PRINTING CO., INC.



Principal Place of Business

5180 STEWART
MILTON FL 32570
US

Mailing Address

5180 STEWART ST
MILTON FL 32570
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **NO-T APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULPEPPER, DAVID LAMAR
5180 STEWART STREET
MILTON FL 32570

7. Name and Address of New Registered Agent

Name **Bobbie A. Culpepper**
Street Address (P.O. Box Number is Not Acceptable)
5180 STEWART ST.
City **Milton** FL Zip Code **32570**

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

Bobbie A. Culpepper

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CULPEPPER, DAVID LAMAR**
STREET ADDRESS **5180 STEWART ST**
CITY-STATE-ZIP **MILTON FL**

TITLE **DST** ☐ Delete
NAME **CULPEPPER, BOBBIE A**
STREET ADDRESS **5180 STEWART ST**
CITY-STATE-ZIP **MILTON, FL 00000**

TITLE **DV** ☐ Delete
NAME **CULPEPPER, LARRY D**
STREET ADDRESS **5180 STEWART ST.**
CITY-STATE-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Bobbie A. Culpepper** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5180 STEWART ST.**
CITY-STATE-ZIP **Milton, FL 32570** **DP/ST**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bobbie A. Culpepper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

850-626-0063

Daytime Phone #