

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90176 040 \*\*\*150.00

**DOCUMENT # P01000018568**

1. Entity Name  
**B & R PULLUM PROPERTIES, INC.**



Principal Place of Business  
**8494 NAVARRE PARKWAY  
NAVARRE, FL 32566**

Mailing Address  
**8494 NAVARRE PARKWAY  
NAVARRE, FL 32566**

40067500



**DO NOT WRITE IN THIS SPACE**

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3708554**

Applied For  
Not Applicable

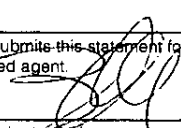
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BOROWSKI, T.A. JR. PULLUM, BART**  
**25 WEST CEDAR STREET 8494 NAVARRE PARKWAY**  
**SUITE 304 NAVARRE, FLORIDA**  
**PENSACOLA, FL 32501 32566**

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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  (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **PULLUM, BART R**  
STREET ADDRESS **8494 NAVARRE PKWY**  
CITY - ST - ZIP **NAVARRE, FL 32566**

TITLE **VST**  
NAME **PULLUM, REBECCA A**  
STREET ADDRESS **8494 NAVARRE PKWY**  
CITY - ST - ZIP **NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-07