

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**PULLUM, BART
8494 NAVARRE PKWY
NAVARRE, FL 32566**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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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05/14/08-80003-005 150.00

**DO NOT WRITE
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

Bart R. Pullum

4/22/08

850-939-2363

Date

Daytime Phone #