

Rx Date/Time

APR-24-2007(TUE) 15:24

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APR-24-2007 16:47 FROM:EDWARDS PLATT RAULER (813) 752-8725

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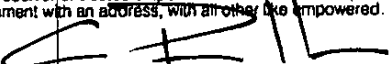
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90865 013 ***150.00

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DOCUMENT # P01000118360			
1. Entity Name C. PULLEN, INC.			
Principal Place of Business 2311-1 THONOTOSASSA RD PLANT CITY, FL 33563-1460		Mailing Address 2311-1 THONOTOSASSA RD PLANT CITY, FL 33563-1468	
2. Principal Place of Business - No P.O. Box # 711 South Collins Street		3. Mailing Address 711 South Collins Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33563	Country US	Zip 33563	Country US
6. Name and Address of Current Registered Agent PULLEN, CHARLES B 2311-1 THONOTOSASSA ROAD PLANT CITY, FL 33563-1468		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 711 South Collins Street City FL 33563	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PULLEN, CHARLES B 2311-1 THONOTOSASSA ROAD PLANT CITY, FL 335631468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 711 South Collins Street Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		42507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	