2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P02000053880 1. Entity Name CULBRETH, INC.				04	-29-2004	90247 0	17 ***15	0.00	
	The make a constitution	NOO WE	00 00 r		-	44534	TU1.	,	
Principal Place of Business Mailing Address 7.145 SW 15TH PLACE OCALA, FL 34474 OCALA, FL 34474				me, m		<i>3.78</i>		ATTENDED TO THE STREET	
2. Principal Place of Business									
Suite, Apt. #, etc. Suite, Apt. #, etc.			041	92004 C	hg-P	CR2E0	34 (10/03)		
City & State City & State			1 -	I Number 0-0003741				oplied For ot Applicable	
Zip Country	Zip	Country		ertificate of Stat			\$8.75 Add Fee Require	d	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
CULBRETH, CHARLES C 7145 SW 15TH PLACE OCALA, FL 34474	·	Idress (P.O. Bo		t Acceptable)				
				·		FL	Zip Cod	е	
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its	registered office or	registered age				amiliar with,	and accept	
SIGNATURE	TANK BIRTHAN		1	21,	· · ·.	isi a Kis	**	·	
SIGNATURE Signature, typed or printed name of registered agent a		E: Registered Agent signatur	e required when rein	istating)	<u></u>	DATE			
1 10 1 10 10 10 10 10 10 10 10 10 10 10	9: Election Campa	iga Einanaina	- CE 00	_					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0		الناك . ، ribution.'	Added to Fe	es es					
10. OFFICERS AND I	DIRECTORS	11.	ADD	ITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTORS	5 IN 11	
TITLE D	☐ Delete	TITLE	,			<u> </u>	Change	Addition	
NAME CULBRETH, CANDY M STREET ADDRESS 7145 SW 15TH PLACE		NAME STREET ADDRESS							
CITY-ST-ZIP OCALA, FL 34474	•	CITY-ST-ZIP							
TITLE	☐ Delete	TITLE					☐ Change	Addition	
NAME OTREST ANDRESS		NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	•						
_IIILE	☐ Delete	TITLE			·		☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			 ·				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP						1	
TITLE	☐ Delete	TITLE					☐ Change	Addition	
NAME OTDEST LOGISED		NAME STREET ADDRESS							
STREET ADDRESS City-St-zip		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE					☐ Change	Addition	
NAME OTREST ADDRESS		NAME STREET ADDRESS						1	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP							
THILE	☐ Delete	TITLE					☐ Change	Addition	
NAME		NAME							
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP							
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address.		ny signature shall ha as required by Char	oter 607, Florida		nade under o that my name	atn; that I a appears in	m an officer Block 10 or	Block 11 if	



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NT # P02000053880 DOCUM 1. Entity Name CULBRETH, Principal Place of Business Mailing Address 7145 SW 15TH PLACE 7145 SW 15TH PLACE OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 50-0003741 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULBRETH, CHARLES C Street Address (P.O. Box Number is Not Acceptable) **7145 SW 15TH PLACE** OCALA, FL 34474 City Zip Code 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME CULBRETH, CANDY M NAME STREET ADDRESS 7145 SW 15TH PLACE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDPESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: _