

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90407 022 ***150.00

DOCUMENT # P02000062569

1. Entity Name
CARROLL FULMER HOLDING CORPORATION



Principal Place of Business
**8340 AMERICAN WAY
GROVELAND, FL 34736-5000**

Mailing Address
**PO BOX 5000
GROVELAND, FL 34736-5000**

00012000



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0626294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULMER, PHILIP R
8000 CHERRY LAKE RD
GROVELAND, FL 34736**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, TIMOTHY A 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CYNTHIA F 12928 LOOKINGBILL LANE ATHENS, AL 35611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL A 11610 OSPREY POINTE BLVD. CLERMONT, FL 34711

**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

Date

Daytime Phone #