


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90072 038 \*\*\*150.00

<b>DOCUMENT # P02000070475</b> 1. Entity Name FULMER LEASING CORPORATION	
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Principal Place of Business 8340 AMERICAN WAY GROVELAND, FL 34736	Mailing Address P.O. BOX 5000 GROVELAND, FL 34736
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**50031056**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0626269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 RD. 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 RD. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL A 11610 OSPREY POINTE BLVD. CLERMONT, FL 34711

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** Philip R. Fulmer 3/16/05 (352) 429-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #