

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 033 ***150.00

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1. Entity Name
FULMER LEASING CORPORATION



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

Mailing Address
**P.O. BOX 5000
GROVELAND, FL 34736**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0626269

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 ROAD
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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