

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # P02000098412

1. Entity Name
J.R. CULP ENTERPRISES, INC.



Principal Place of Business

**3199 SUNTREE BLVD
#7
ROCKLEDGE, FL 32955**

Mailing Address

**3199 SUNTREE BLVD
#7
ROCKLEDGE, FL 32955**



03172007

No Chg-P

CR2E034 (11/05)

4. FEI Number
41-2057991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOYD, JOEL E ESQ.
6767 N. WICKHAM ROAD, SUITE 306
MELBOURNE, FL 32940**

**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

Typed or printed name of registered agent

(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**

000000675782
03/30/07-80033-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CULP, JONATHAN R
940 BEA PLACE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Jonathan R Culp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

Date

Daytime Phone #