

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000109667

1. Entity Name
PACT WIRELESS COMMUNICATIONS, INC.



Principal Place of Business
**PO BOX 5000
GROVELAND, FL 34736-5000**

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



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1452564

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULMER, TIMOTHY A.
8340 AMERICAN WAY
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

2/19/07

**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	TURNER, CYNTHIA F
STREET ADDRESS	12928 LOOKINGHILL LANE
CITY-ST-ZIP	ATHENS, AL 35611
TITLE	D
NAME	FULMER, PHILIPA R
STREET ADDRESS	8000 CHERRY LAKE ROAD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	D
NAME	FULMER, CARROL A
STREET ADDRESS	11610 OSPREY POINTE BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	FULMER, TIMOTHY
STREET ADDRESS	13045 SUGAR BLUFF ROAD
CITY-ST-ZIP	CLERMONT, FL 34711

U00000650257
03/08/07-80003-001 158.75

**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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07 352 429 5000

XT 1200