2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000172994 Entity Name 01-09-2008 90010 013 ***150 00 CULPEPPER PROPERTIES, INC. Principal Place of Business Mailing Address 3680 CORINTH DRIVE 3680 CORINTH DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3491 Colonnade 3491 Colonnade Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-2187108 lallahassee lallahassee Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32<u>309</u> _eon _eon Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANAUSA, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309 Zip Code 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 reinstaing) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Virginia Thorne Change ■ Addition THORNE, VIRGINIA 3491 Colonnade Dr. NALAF NAME STREET ADDRESS 3680 CORINTH DRIVE STREET ADDRESS Tallahassee, FL 32309 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Margaret Sauls Delete TITLE Change ■ Addition TITLE SAULS, MARGARET 3491 Colonnade Dr. NAME NAME STREET ADORESS 3680 CORINTH DRIVE STREET ADDRESS Tallahassee, FL 32309 TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TIBE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS 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. Virginia C. Thorne 1/8/08

FILED

Jan 09, 2008 8:00 am