

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18718

Entity Name: FULGHUM INDUSTRIES, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

317 S MAIN STREET
WADLEY, GA 30477

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 909
WADLEY, GA 30477

New Mailing Address:

FEI Number: 58-0684167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEYWARD WELLS JR,
Address: 2372 SYLVAN GROVE RD
City-St-Zip: STAPLETON, GA 30823

Title: VP () Delete
Name: MARSH, JAMES T
Address: 1184 TUCKER RD.
City-St-Zip: LOUISVILLE, GA 30434

Title: ST () Delete
Name: KING, JUDY A.,
Address: 322 SUGARCREEK DR
City-St-Zip: GROVETOWN, GA

Title: CD () Delete
Name: FULGHUM, O.T., JR.,
Address: 3337 WALTON WAY
City-St-Zip: AUGUSTA, GA

Title: VP () Delete
Name: WELLS, SUE B
Address: 2372 SYLVAN GROVE RD
City-St-Zip: STAPLETON, GA 30823

Title: D () Delete
Name: KARRH, RANDOLPH C.,
Address: P.O. BOX K NA
City-St-Zip: SWAINSBORO, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE B. WELLS

VP

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date