

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000070502

1. Entity Name  
PACT REAL ESTATE CORPORATION OF NC



Principal Place of Business

8340 AMERICAN WAY  
GROVELAND, FL 34736 US

Mailing Address

P.O. BOX 625  
GROVELAND, FL 34736 US

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3208161

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	FULMER, BARBARA B
STREET ADDRESS	11050 AUTUMN LANE
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	PRES
NAME	TURNER, CYNTHIA F
STREET ADDRESS	12928 LOOKINGBILL LN
CITY - ST - ZIP	ATHENS, AL 35611
TITLE	SEC
NAME	FULMER, PHILIP R
STREET ADDRESS	8000 CHERRY LAKE ROAD
CITY - ST - ZIP	GROVELAND, FL
TITLE	VP
NAME	FULMER, CARROLL A
STREET ADDRESS	11610 OSPREY POINTE BLVD
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	FULMER, TIMOTHY A
STREET ADDRESS	13045 SUGAR BLUFF RD
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carroll A. Fulmer

1-15-04

352-429-5000

Date

Daytime Phone #

Vice President