

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90153 028 ***158.75

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**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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, 2005 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

Philip Fulmer

4-7-05

352-429-5000

Date

Daytime Phone #