

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3208161	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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, 2006 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	

1000000514805
04/29/06-80186-004 158.75

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy A. Fulmer

4-7-2006

Date

352-429-5000

Daytime Phone #