


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-11-2005 90153 004 ***158.75

DOCUMENT # P94000009262 1. Entity Name PACT REAL ESTATE CORPORATION OF C.A.	
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Principal Place of Business 8340 AMERICAN WAY GROVELAND, FL 34736	Mailing Address PO BOX 625 GROVELAND, FL 34736
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3222508	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FULMER, PHILIP R 8000 CHERRY LAKE RD. GROVELAND, FL 34736
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P FULMER, BARBARA B 11050 AUTUMN LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, CYNTHIA F 12928 LOOKINGBILL LANE ATHENS, AL 35611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULMER, PHILIP R 8000 CHERRY LAKE RD. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULMER, CARROLL A 11610 OSPREY POINTE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULMER, TIMOTHY A 13045 SUGAR BLUFF RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FULMER, CARROLL L. 11050 AUTUMN LN CLERMONT, FL 34711

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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:  **Philip Fulmer** **4-7-05** **352 429-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #