

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # P94000019930

1. Entity Name  
GULLEY'S DISCOUNT CENTER, INC.



Principal Place of Business  
720 N. TAMiami TRAIL  
RUSKIN, FL 33570

Mailing Address  
720 N. TAMiami TRAIL  
RUSKIN, FL 33570



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3230498

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARLINGTON, LINDA C  
15624 CARLTON LAKE ROAD  
WIMAUMA, FL 33598

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GULLEY, JACK H
STREET ADDRESS	1130 NEW WINSOR LOOP
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	S
NAME	ARLINGTON, LINDA C
STREET ADDRESS	15624 CARLTON LAKE RD.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000614671  
02/06/07-80040-015 150.00

**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

Date

Daytime Phone #

Jan 30, 2007

813-645-4801