

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2008 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



01082008

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, 2008 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  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000787485  
01/18/08-80001-022 150.00

**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 #

1-15-08