

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000012459.

1. Entity Name
PULLUM PROPERTIES, INC.



Principal Place of Business
8494 NAVARRE PKWY
NAVARRE, FL 32566

Mailing Address

8494 NAVARRE PKWY
NAVARRE, FL 32566

**FILED
Apr 24, 2008 08:00 AM
Secretary of State**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3307085	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PULLUM, WILLIAM A
8494 NAVARRE PARKWAY
NAVARRE, FL 32566

**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 PSTD
NAME PULLUM, WILLIAM A
STREET ADDRESS 8494 NAVARRE PARKWAY
CITY-ST-ZIP NAVARRE, FL

TITLE VD
NAME PULLUM, BETTY JEAN
STREET ADDRESS 2160 HWY 87
CITY-ST-ZIP NAVARRE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000918885
05/13/08-80100-015 150.00

**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

4-21-08 850-930-2263

Date

Daytime Phone #