

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000090096	
1. Entity Name FAIRCLOTH FAMILY CORPORATION, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 3:24

Principal Place of Business 170 S. WASHINGTON AVE. APOPKA, FL 32703	Mailing Address 170 S. WASHINGTON AVE. APOPKA, FL 32703
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498268	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
FAIRCLOTH, PAUL G JR 170 S. WASHINGTON AVE. APOPKA, FL 32703	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIRCLOTH, PAUL G JR. 620 E 6TH ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, GERALDINE H 600 E 6TH ST APOPKA, FL 32703
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**DO NOT WRITE
IN THIS SPACE**

BLT

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

7/6/07

407-886 6666

Date

Daytime Phone #