

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000003038

1. Entity Name
FAULK AND ASSOCIATES REALTY, INC.



Principal Place of Business

786 N BEAL PARKWAY, SUITE 7B
FT WALTON BEACH, FL 32547

Mailing Address

786 N BEAL PARKWAY, SUITE 7B
FT WALTON BEACH, FL 32547



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAULK, ALLEN M
1003 27TH ST
NICEVILLE, FL 32547

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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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FAULK, ALLEN M
STREET ADDRESS 786 N BEAL PARKWAY, SUITE 7B
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE PST
NAME FAULK, SHANNON L
STREET ADDRESS 1003 27TH STREET
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000370263
07/05/05-80009-016 550.00

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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:

ALLEN M. FAULK Dir. Agent 7-1-05 850 864 2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #