


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 012 ***150.00

DOCUMENT # P98000055978 1. Entity Name S. CULP ENTERPRISES, INC.			
Principal Place of Business 8186 SHORECREST CT SPRING HILL, FL 34606		Mailing Address 8186 SHORECREST CT SPRING HILL, FL 34606	
2. Principal Place of Business - No P.O. Box # 12250 Buckingham Way		3. Mailing Address 12250 Buckingham Way	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Spring Hill FL		City & State Spring Hill FL	
Zip 34609		Zip 34609	
Country 		Country 	
4. FEI Number 59-3518429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CULP, STEVEN C 8186 SHORECREST COURT SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS CULP, STEVEN C 8186 SHORECREST COURT SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12250 Buckingham Way Spring Hill, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Steve C. Culp</u>		Date: <u>3-12-08</u> Daytime Phone #: <u>352 6848947</u>	