

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100312

Entity Name: TULLY PROPERTIES, INC.

FILED  
Jan 26, 2006  
Secretary of State

## Current Principal Place of Business:

2709 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 248  
CRAWFORDVILLE, FL 32326

## New Mailing Address:

FEI Number: 26-7700220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, KRISTEN C  
315 S CALHOUN STREET  
SUITE 350  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBERTS, BEVERLY  
Address: P.O. BOX 248 N/A  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: STD ( ) Delete  
Name: ROBERTS, WALTER  
Address: P.O. BOX 248 N/A  
City-St-Zip: CRAWFORDVILLE, FL 32326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY ROBERTS

PD

01/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date