2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000684

1. Entity Name
FULLARD ENVIRONMENTAL CONTROLS, INC.

FILED
07 JUL -5 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
304 5TH AVENUE FORD CITY, PA 16226	304 5TH AVENUE FORD CITY, PA 16226

07032007 No Chg-P CR2E034 (11/05)

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4. FEI Number
25-1892980

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, B. KENT
10220 WASHINGTONIA PALM WAY
1823
FORT MYERS, FL 33912

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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	CP
NAME	FULLARD, MICHAEL
STREET ADDRESS	412 WILLOW COURT
CITY-ST-ZIP	APOLLO, PA 15613
TITLE	VCVP
NAME	PETERSON, B. KENT
STREET ADDRESS	1562 NETWORK DRIVE
CITY-ST-ZIP	CANONSBURG, PA 15317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000106262160
07/17/07--01026--014 **158.75

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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: X M. Fullard 7/3/07 2476386654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #