


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L77451 1. Entity Name FULLER, FULLER & ASSOCIATES, P.A.	
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Principal Place of Business 12000 BISCAYNE BOULEVARD 609 NORTH MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BOULEVARD 609 NORTH MIAMI, FL 33181
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0180425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, LAWRENCE A.  
 12000 BISCAYNE BOULEVARD  
 609  
 NORTH MIAMI, FL 33181

**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**  
**After May 1, 2005 Fee will be \$550.00**

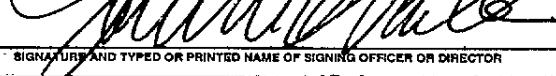
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, LAWRENCE A 12000 BISCAYNE BOULEVARD, SUITE 609 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, JOHN P 12000 BISCAYNE BOULEVARD, SUITE 609 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/11/05-80062-007 150.00

**DO NOT WRITE 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 empowers.

SIGNATURE:  1/4/05 305-891-5199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lawrence A Fuller