

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000014172

1. Entity Name
FULLER HOLSONBACK BIVINS & MALLOY, P.A.



Principal Place of Business
**400 N ASHLEY DR
SUITE 1500
TAMPA, FL 33602 US**

Mailing Address
**400 N ASHLEY DR
SUITE 1500
TAMPA, FL 33602 US**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3227027

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULLER, JEFFERY M
400 NORTH ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000481504
04/11/06-80037-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, JEFFERY M
4611 ACKERLY WAY
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLSONBACK, JOHN P
2414 OAK LANDING DRIVE
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIVINS, ROBERT W
9920 STATE ROAD 39 S
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

Date

817-229-9119

Daytime Phone #