


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 321364 1. Entity Name W. JOE FULLER D.V.M. & ASSOCIATES, P.A.	
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Principal Place of Business 1761 SOUTH PATRICK DRIVE INDIAN HARBOR BEACH, FL 32937	Mailing Address 1761 SOUTH PATRICK DRIVE INDIAN HARBOR BEACH, FL 32937
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1173371	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER, W. JOE
1761 S. PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PS FULLER, W. JOE 1761 S. PATRICK DR INDIAN HARBOUR BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, W. JOE 1761 S. PATRICK DRIVE INDIAN HARBOUR BEACH, FL
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01/25/05-80082-021 150.00

**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)(f), 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: W Joe Fuller W JOE FULLER DVM 1-20-05 321-773-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #