

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 321364**

1. Entity Name

W. JOE FULLER D.V.M. & ASSOCIATES, P.A.



Principal Place of Business

1761 SOUTH PATRICK DRIVE  
INDIAN HARBOR BEACH, FL 32937

Mailing Address

1761 SOUTH PATRICK DRIVE  
INDIAN HARBOR BEACH, FL 32937



01142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1173371

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

1100000391391  
01/24/06-80040-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME FULLER, W. JOE  
STREET ADDRESS 1761 S. PATRICK DR  
CITY-ST-ZIP INDIAN HARBOUR BCH, FL

TITLE SD  
NAME FULLER, W. JOE  
STREET ADDRESS 1761 S. PATRICK DRIVE  
CITY-ST-ZIP INDIAN HARBOUR BEACH,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-06 321-773-3111