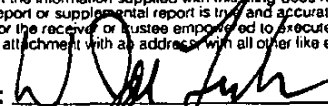


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321364

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 5395 LAKE WASHINGTON RD		3. Mailing Address 5395 LAKE WASHINGTON RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State MELBOURNE FL	
Zip 32934-7811		Country USA	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5395 LAKE WASHINGTON RD City MELBOURNE FL Zip Code 32934-7811	
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 fee if applicable (NOTE: Registered Agents signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FULLER, W. JOE 1761 S. PATRICK DR INDIAN HARBOUR BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, W. JOE 1761 S. PATRICK DRIVE INDIAN HARBOUR BEACH, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIPR FULLER, ANNE E 1761 S. PATRICK DR. INDIAN HARBOUR BEACH, FL 32937 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  W. J. Fuller		2-19-08 321-254-3675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

08 FEB 27 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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