


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 379262**  
 1. Entity Name  
**FULLER ENTERPRISES INC.**



Principal Place of Business      Mailing Address  
**616 DRUID RD**                      **616 DRUID RD**  
**809**                                      **809**  
**CLEARWATER, FL 34616**          **CLEARWATER, FL 34616**



04272005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1324884**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**FULLER, JOYCE**  
**616 DRUID RD**  
**CLEARWATER, FL 34616**

**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: *Joyce Fuller*  
Signature, by use of printer, name of registered agent etc. file if applicable      (NOTE: Registered Agent signature required when reappointing)      DATE

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2005 Fee will be \$550.00**      (Trust Fund Contribution)       **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FULLER, JOYCE
STREET ADDRESS	616 DRUID RD
CITY-ST-ZIP	CLEARWATER, FL 33766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000350641  
 05/02/05-80113-008-150.00

**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 empowered

SIGNATURE: *Joyce Fuller*      4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone