

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 379262</b><br>1. Entity Name<br><b>FULLER ENTERPRISES INC.</b> |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>616 DRUID RD<br/>809<br/>CLEARWATER, FL 34616</b> | Mailing Address<br><b>616 DRUID RD<br/>809<br/>CLEARWATER, FL 34616</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



04052006 No Chg-P CR2E034 (11/05)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FCI Number<br><b>59-1324884</b>                        | Applied for<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>FULLER, JOYCE<br/>616 DRUID RD<br/>CLEARWATER, FL 34616</b> |
|-----------------------------------------------------------------------------------------------------------------------|

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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, printed name of registered agent and FIC Licensee (FIC Licensee signature required when submitting)

**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

| 10. OFFICERS AND DIRECTORS                     |                                                              |
|------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PTD<br>FULLER, JOYCE<br>616 DRUID RD<br>CLEARWATER, FL 33758 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                              |

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04/21/06-80023-001 150.00

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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: Joyce Fuller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06 127-441-2642**