
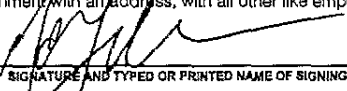


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 556033 1. Entity Name THE FULLERS, INC.		
Principal Place of Business 1432 KENNEDY DR KEY WEST, FL 33040		Mailing Address 1432 KENNEDY DR KEY WEST, FL 33040
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FULLER, NORMAN 1432 KENNEDY DR KEY WEST, FL 33040		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	T	
NAME	FULLER, BETTIE J	
STREET ADDRESS	1432 KENNEDY DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	P	
NAME	FULLER, JACK R	
STREET ADDRESS	1432 KENNEDY DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	
NAME	FULLER, NORMAN C	
STREET ADDRESS	1432 KENNEDY DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	
NAME	FULLER, JOELLE L	
STREET ADDRESS	1432 KENNEDY DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Norman Fuller (VP)		Date: 2/6/06 (305) 294-6677



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1783617

Applied For
Not Applicable

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

1100000426860
02/20/06-80060-014 150.00

**DO NOT WRITE
IN THIS SPACE**