2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 597167

1. Entity Name
BENNETT DREW FULTZ, P.A.

Principal Place of Business	Mailing Address
619 S.W. 12TH AVENUE	619 S.W. 12TH AVENUE
MIAMI, FL 33130-3117	MIAMI, FL 33130-3117

DO NOT WRITE IN THIS SPACE

03012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1874063	Not Applicable

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

6. Name and Address of Current Registered Agent

FULTZ, BENNETT D., ESQ.
619 S.W. 12TH AVENUE
MAIMI, FL 33130-3117

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FULTZ, BENNETT D
STREET ADDRESS	619 S.W. 12TH AVE
CITY-ST-ZIP	MIAMI FL.,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/07-80005-018 150.00

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: _____   3/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #