

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 613002

1. Entity Name
D.S. HULL COMPANY, INC.



Principal Place of Business
3377 SW 2 AVE
FT LAUDERDALE, FL 33315 US

Mailing Address
3377 SW 2 AVE
FT LAUDERDALE, FL 33315 US



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1889808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EISENSMITH, JEFFERY R PA
5561 NORTH UNIVERSITY
SUITE 103
CORAL SPRINGS, FL 33067

**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 D
NAME CABLE, GEORGE
STREET ADDRESS 3330 SW 3 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE D
NAME STRAUSS, ELMER N JR
STREET ADDRESS 3330 SW 3 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE ST
NAME MILLIKEN, KELLIE
STREET ADDRESS 3330 SW 3 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE PD
NAME BAUM, STEVEN
STREET ADDRESS 3377 SW 2 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE VPD
NAME LAFAUCI, PAUL
STREET ADDRESS 3377 SW 2 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE VPD
NAME STRAUSS, TERRI
STREET ADDRESS 3377 SW 2 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

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04/19/07-80014-014 150.00

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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 other like empowered.

SIGNATURE:

Steve Baum Steve Baum

Date

4/6/07 954-463-4307

Daytime Phone #

302