

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00751

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FULTON MANAGEMENT, INC.

**Current Principal Place of Business:**

8750 NW 68 CT.  
PARKLAND, FL 33067

**New Principal Place of Business:**

5401 N UNIVERSITY DR.,  
202  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

8750 NW 68 CT.  
PARKLAND, FL 33067

**New Mailing Address:**

5401 N UNIVERSITY DR  
202  
CORAL SPRINGS, FL 33067

**FEI Number:** 59-2034959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULTON, DEAN  
8750 NW 68TH CT.  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

FULTON, DEAN  
1500 NW 62 STREET  
304  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE:

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: FULTON, VALERIE  
Address: PO BOX 30005  
City-St-Zip: FORT LAUDERDALE, FL 33303

Title: VSD  
Name: FULTON, DEAN  
Address: PO BOX 30005  
City-St-Zip: FORT LAUDERDALE, FL 33303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VALERIE FULTON

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date