2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007933

Entity Name: FULLSCOPE, INC. OF AL

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: 317 W MARKET ST ATHENS, AL 35611			New Principal Place of Business:		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
317 W MAI ATHENS, A					
FEI Number:	38-3479107	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Add				of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
	named entity of Florida.	submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agent	t	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C (CARTER, JOHI 317 W MARKE ATHENS, AL 3	T ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EARTHMAN, W 4409 SHEPPA NASHVILLE, TI	RD PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WEBBER, KEV 604 ADAMS ST HUNTSVILLE, A	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCEO (SMITH, RUSSE 317 W MARKE ATHENS, AL 3	ELL L T ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EV (SCANDAR, JO 2135 DE LA M MONTREAL, Q	ONTAGNE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELISSA W. DEAN CTLR 03/25/2009