-2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)									FIL	ED		
DOCUMENT # F57328 1. Enlity Name							\ \ \	PAPEIE 12002 108:00 AI ESegretary of State				
FULTON HOMES, INC.							7	ZES FED V	2001	, L		
Principal Place of Business Mailing Address 2818 WILDWOOD DRIVE CLEARWATER FL 33761 CLEARWATER FL 3376								BY:				
6 Paris 15	Di(D	No BO Book	To the control									
Principal Place of Business - No P.O Box # 3. Mailing Address												
Suite, Apt #, etc. Suite				uite, Apt. #. etc.			1st MOORE CR2E034 (10/06)					
City & Sta	lo	City & Stato				4. FEI Number 59-2148694 Applied For						
Zip	Zip Country			Zip Coun			Not Applicable Certificate of Status Desired \$8.75 Additional					
	6. Name ai	Registered Agent			7. Name and Address of New Registered Agent							
PURSAE, PAUL						Name .						
281	8 WILDWO	OOD DRIVE FL 33-6761				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
CLI	EANYVATEN	1 FL 33-0/01							•			
		•			,	City		1	FL Z	Zip Code		
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 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	1 = =	OFFICERS AND	DIRECTORS		11.		ADDITIONS	L S/CHANGES TO OFFICERS	AND DIRE	CTORS	3 IN 11	
TITLE NAME	DP MAURO, GU	GLIELMO] Delete	TITU: NAMI					Change	☐ Addition	
STREET ADDRESS	479 EAST SH	HORE DR #7		STREE				U00000708340 04/24/07-80110-012 150.00				
CITY - ST - ZIP	CLEARWATE	ER, FL 00000		Deleic	CITY- THLE	- ST- 7IP		04/24/01-80110		LOO.U	Addition	
NAME	MATTINGLY	•) Delete	NAM					ныце	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2189 CLEVE CLEARWATE					FT ADDRESS - S1- ZIP						
THILE] Detete	TITLE	l				Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP	-		-			E Et address -st-zip		<u>-</u> ·	-			
TITLE.				Delete	TITLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						FT ADDRESS • S1 • ZIP						
TITLE NAME				Delete	TITLE		•			Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREE	L1 ADDRESS - ST- ZIP	٧-					
TITLE NAME				Defeto	HILE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREE	II ADORESS St-Zip	N .		,			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: GIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devictor Phone A												
	,	P. C. COLLEGE CONTROL OF FELL OF FE		vi i i i i i i i i	J./ ILU I			LIFERE	Dayining t	- nue 14 P	1 1	