

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001120

Entity Name: FULLER & D'ALBERT, INC.

FILED  
Mar 30, 2005  
Secretary of State

## Current Principal Place of Business:

3170 CAMPBELL DRIVE  
FAIRFAX, VA 220310706

## New Principal Place of Business:

## Current Mailing Address:

3170 CAMPBELL DRIVE  
FAIRFAX, VA 220310706

## New Mailing Address:

3170 CAMPBELL DRIVE  
PO BOX 2706  
FAIRFAX, VA 220310706

FEI Number: 53-0070960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HUZARD, JOHN  
Address: 10630 TIMBERIDGE ROAD  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: D ( ) Delete  
Name: HUZARD, CAROLYN  
Address: 10630 TIMBERIDGE RD  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: V ( ) Delete  
Name: MORGAN, JEFF  
Address: 815 WHITCOMB ISLAND ROAD  
City-St-Zip: HYDE PARK, VT 05655

Title: STD ( ) Delete  
Name: TEGETHOFF, JOHN  
Address: 6647 ROCKLAND DRIVE  
City-St-Zip: CLIFTON, VA 20124

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MORGAN, JEFF  
Address: 815 WHITCOMB ISLAND ROAD  
City-St-Zip: HYDE PARK, VT 05655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN TEGETHOFF

STD

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date