


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90133 027 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # J07195</b><br>1. Entity Name<br><b>C. FULLERTON SOD &amp; LANDSCAPING COMPANY, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>1335 MLK JR ST</b><br><b>B</b><br><b>ARCADIA, FL 34266 US</b>  |   | Mailing Address<br><b>P.O. BOX 1936</b><br><b>ARCADIA, FL 34265</b>   |   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1331 SW MLK JR. STREET</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>B</b>   |   |  |  |
| City & State<br><b>ARCADIA, FLORIDA</b>  |   | City & State<br>City & State  |   | 4. FEI Number<br><b>59-2654296</b>   |  |
| Zip<br><b>34266</b>  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FULLERTON, JEAN D</b><br><b>1711 SE AIRPORT RD</b><br><b>ARCADIA, FL 34266</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>FULLERTON, JEAN D<br>1711 SE AIRPORT RD<br>ARCADIA, FL 34266  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>FULLERTON, RYAN L<br>1473 SE TANGELO DR<br>ARCADIA, FL 34266 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | -   | <input type="checkbox"/> Delete   |   |  |  |
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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 another like empowered. |   |   |   |  |  |
| SIGNATURE: <u><i>Jean D Fullerton</i></u> <b>JEAN D. FULLERTON</b> <u>3/28/07</u> <u>(863) 494-4491</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |  |  |

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03282007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2654296** Applied For  
Not Applicable

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

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7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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SIGNATURE: *Jean D Fullerton* **JEAN D. FULLERTON** 3/28/07 (863) 494-4491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #