

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L27664

1. Entity Name
FULTON AGENCY, INC.



Principal Place of Business
**9742 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

Mailing Address
**9742 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0164669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULTON, DEAN C.
8750 NW 68TH CT
POMPANO BEACH, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
FULTON, DEAN C.
8750 NW 68TH CT
POMPANO BEACH, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WIGGIN, CAROL L
1613 SW 10TH CT
FT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MEYERS, DIANE E
4922 NW 113 AVE.
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FULTON, VALERIE
8750 NW 68TH CT
POMPANO BEACH, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BRUMM, MARIE
1448 NE 30 COURT
POMPANO BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CAMEJO, NOEMI
7128 SW 148 PLACE
MIAMI, FL 33193**

1000000182924
01/19/05-80046-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE:

Valerie Fulton

Valerie I. Fulton

1/11/05

954-752-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #