

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27664

Entity Name: FULTON AGENCY, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

5401 N UNIVERSITY DR  
SUITE 202  
CORAL SPRINGS, FL 330674636

## New Principal Place of Business:

## Current Mailing Address:

5401 N UNIVERSITY DR  
SUITE 202  
CORAL SPRINGS, FL 330674636

## New Mailing Address:

FEI Number: 65-0164669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULTON, DEAN C.  
8750 NW 68TH CT  
POMPANO BEACH, FL 33067 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: PD ( ) Delete  
Name: FULTON, DEAN C.,  
Address: 8750 NW 68TH CT  
City-St-Zip: POMPANO BEACH, FL 33067

Title: VD ( ) Delete  
Name: WIGGIN, CAROL L,  
Address: 1613 SW 10TH CT  
City-St-Zip: FT LAUDERDALE, FL

Title: STD ( ) Delete  
Name: FULTON, VALERIE,  
Address: 8750 NW 68TH CT  
City-St-Zip: POMPANO BEACH, FL 33067

Title: VD ( ) Delete  
Name: BRUMM, MARIE  
Address: 1448 NE 30 COURT  
City-St-Zip: POMPANO BCH, FL

Title: VD ( ) Delete  
Name: FULTON, MARK A  
Address: 980 SW 69TH AVENUE  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: VALERIE L. FULTON

S/T

04/30/2008

Electronic Signature of Signing Officer or Director

Date