

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58734

1. Entity Name
FULLERTON & FRIAR, INC.



FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90039 008 ***150.00

Principal Place of Business
333 THIRD AVENUE
SUITE 300
ST. PETERSBURG, FL 33701 US

Mailing Address
333 THIRD AVENUE
SUITE 300
ST PETERSBURG, FL 33701 US



2. Principal Place of Business
Suite, Apt. #, etc. **Suite 330**
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. **Suite 330**
City & State
Zip Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2995856
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FULLERTON, KENNETH D.
333 THIRD AVENUE NORTH
STE 330
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FULLERTON, KENNETH D.**
STREET ADDRESS **12730 PELORIA COURT**
CITY-ST-ZIP **SEMINOLE, FL 33778**

TITLE **D** ☐ Delete
NAME **FRIAR, ROBERT G., JR.**
STREET ADDRESS **82 GROVE CT**
CITY-ST-ZIP **BOULDER, CO**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kenneth D. Fullerton

Kenneth D. Fullerton

1/27/04

727-822-4688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #