

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011611

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: FULLER & COMPANY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1439 VILLAGE GREEN DR  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1439 VILLAGE GREEN DR  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-1073953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FULLER, BARBARA A  
2997 BENT PINE DRIVE  
FT PIERCE, FL 34951      US

**Name and Address of New Registered Agent:**

FULLER, BARBARA A  
7007 LAKELAND BLVD.  
FT PIERCE, FL 34951      US

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

04/12/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FULLER, LINWOOD A III  
Address: 2997 BENT PINE DRIVE  
City-St-Zip: FT PIERCE, FL 34951

Title: S ( ) Delete  
Name: FULLER, BARBARA A  
Address: 2997 BENT PINE DRIVE  
City-St-Zip: FT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FULLER, LINWOOD A III  
Address: 7007 LAKELAND BLVD.  
City-St-Zip: FT PIERCE, FL 34951

Title: S (X) Change ( ) Addition  
Name: FULLER, BARBARA A  
Address: 7007 LAKELAND BLVD.  
City-St-Zip: FT PIERCE, FL 34951

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: BARBARA A. FULLER

Electronic Signature of Signing Officer or Director

S

04/12/2005

Date