

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90449 023 \*\*\*158.75

**DOCUMENT # P01000043081**

1. Entity Name  
**FULLER HOLSONBACK BIVINS & MALLOY REALTY CORPORATION**



Principal Place of Business      Mailing Address  
**400 N ASHLEY DR., STE 1500**      **400 N ASHLEY DR., STE 1500**  
**TAMPA, FL 33602**      **TAMPA, FL 33602**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

**FULLER, JEFFERY M**  
**100 NORTH TAMPA STREET, STE 2650**  
**TAMPA, FL 33602**

44000160



03302004      Chg-P      CR2E034 (10/03)

**7. Name and Address of New Registered Agent**

Name      **Fuller, Jeffery M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 North Ashley Drive, Suite 1500**  
 City      **Tampa**      FL      Zip Code      **33602**

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: *J. M. J.*      DATE: **4-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JEFFERY M	NAME	
STREET ADDRESS	4611 ACKERLY WAY	STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSONBACK, JOHN P	NAME	
STREET ADDRESS	2414 OAK LANDING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIVINS, ROBERT W	NAME	
STREET ADDRESS	9920 STATE ROAD 39 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 33511	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, TIMOTHY F	NAME	
STREET ADDRESS	109 LOCUST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *J. M. J.*      Date: **4-22-04**      Daytime Phone #: **813-229-9115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR