


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000054278**

1. Entity Name  
**T.L. FULTON CONSTRUCTION, INC.**



Principal Place of Business <b>2575 W. 80TH ST.          HIALEAH, FL 33016</b>	Mailing Address <b>2575 W. 80TH ST.          HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1114760</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**FULTON, TERRY L**  
**6860 QUEEN PALM TERR.**  
**MIAMI LAKES, FL 33014**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FULTON, TERRY 6860 QUEEN PALM TERR. MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FULTON, NELCYS 6860 QUEEN PALM TERR. MIAMI LAKES, FL 33014
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(b), 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/04 305-819-9289  
 Date Daytime Phone #