

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000113332

1. Entity Name

B & D FULLER ENTERPRISES, INC.



Principal Place of Business

7052 CR 575
BUSHNELL FL 33513

Mailing Address

7052 CR 575
BUSHNELL FL 33513

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Apr 25, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/06)

4. FEI Number 13-4240943

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLER, WALTER JR.
7052 CR 575
BUSHNELL FL 33513

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME FULLER, WALTER JR
STREET ADDRESS 7052 CR 575
CITY ST ZIP BUSHNELL FL 33513

TITLE VT ☐ Delete
NAME FULLER, DOLORES E
STREET ADDRESS 7052 CR 575
CITY ST ZIP BUSHNELL FL 33513

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
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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
000000729734
05/08/07-80052-012 150.00

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Walter Fuller Jr. Walter Fuller Jr. 4/2/07 352603-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Daytime Phone #