


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90327 036 ***150.00

DOCUMENT # P02000127134 1. Entity Name MATT FULLER, INC.					
Principal Place of Business 27 PARK RIDGE WAY ORMOND BEACH FL 32174			Mailing Address 27 PARK RIDGE WAY ORMOND BEACH FL 32174		
2. Principal Place of Business 297 Warwick Ave. Suite, Apt. #, etc.		3. Mailing Address 297 Warwick Ave. Suite, Apt. #, etc.			
City & State Ormond Beach, FL Zip 32174 Country US		City & State Ormond Beach, FL Zip 32174 Country US		4. FEI Number 37-1453679 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FULLER, MATT 127 PARK RIDGE WAY ORMOND BEACH FL 32174	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 297 Warwick Ave. City Ormond Beach FL Zip Code 32174				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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FULLER, MATT 127 PARK RIDGE WAY ORMOND BEACH FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297 Warwick Ave.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, MARCUS 127 PARK RIDGE WAY ORMOND BEACH FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297 Warwick Ave.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FULLER, TERRY 127 PARK RIDGE WAY ORMOND BEACH FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 297 Warwick Ave.	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Ralph M. Jell / Matt Jell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-10-05 386-676-0868 Date Daytime Phone #		



1st MOORE CR2E034 (10/04)