

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 010 ***150.00

DOCUMENT # P03000038066

1. Entity Name

LAWRENCE A. FULLER, P.A.



Principal Place of Business
12000 BISCAYNE BLVD.
SUITE 609
NORTH MIAMI FL 33181

Mailing Address
12000 BISCAYNE BLVD.
SUITE 609
NORTH MIAMI FL 33181



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

45-0509826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, ALLEN ESQUIRE
~~201 ALHAMBRA CIRCLE~~
~~SUITE 602~~
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

12000 BISCAYNE BLVD SUITE 609

City NORTH MIAMI

FL

Zip Code 33181

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME FULLER, LAWRENCE A
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 609
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE VP ☐ Delete
NAME FULLER, LAWRENCE A
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 609
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE ☐ Delete
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 305-8915199

Date

Daytime Phone #