

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90045 034 \*\*\*150.00

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01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03950</b> 1. Entity Name <b>HULL DEVELOPMENT ENTERPRISES, INC.</b>					
Principal Place of Business <b>376 WINDWARD HILL</b> <b>EAST DORSET, VT 05253-9644 US</b>			Mailing Address <b>376 WINDWARD HILL</b> <b>EAST DORSET, VT 05253-9644 US</b>		
2. Principal Place of Business <b>111 BRIAN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>111 BRIAN ROAD</b> Suite, Apt. #, etc.		4. FEI Number <b>11-2690429</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>MARATHON, FL</b>		City & State <b>MARATHON, FL</b>			
Zip <b>33050</b>		Zip <b>33050</b>			
Country <b>MONROE</b>		Country <b>MONROE</b>			
6. Name and Address of Current Registered Agent <b>HULL, JO ANN</b> <b>111 BRIAN RD</b> <b>MARATHON, FL 33050</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Jo Ann Hull, PRESIDENT</u> <u>Jo Ann Hull</u> <u>1/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULL, JO ANN 376 WINDWARD HILL EAST DORSET, VT 052539644 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULL, JO ANN 111 BRIAN ROAD MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HULL, JOHN S. 376 WINDWARD HILL EAST DORSET, VT 052539644 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HULL, JOHN S. 111 BRIAN ROAD MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Jo Ann Hull</u> <u>JO ANN HULL, PRESIDENT</u> <u>1/4/05</u> <u>(305)289-3145</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					