

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90035 025 \*\*\*150.00

**DOCUMENT # P04000096000**

1. Entity Name  
**FULTON TECHNOLOGIES, INC.**



Principal Place of Business  
**6922 WILLOW CREEK RUN  
LAKE WORTH, FL 33463 US**

Mailing Address  
**6922 WILLOW CREEK RUN  
LAKE WORTH, FL 33463 US**

**40010341**

2. Principal Place of Business  
**5504 Albin Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State  
**Greenacres FL**

City & State  
City & State

Zip  
**33463** Country  
**Palm Beach** Zip  
Country

4. FEI Number  
**20-1281169**

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

**FULTON, APRIL A  
6922 WILLOW CREEK RUN  
LAKE WORTH, FL 33463**

Name  
**April Fulton**

Street Address (P.O. Box Number is Not Acceptable)  
**6922 Willow Creek Run**

City  
**Lake Worth FL** Zip Code  
**33463**

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 **April A. Fulton** DATE **1/28/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FULTON, APRIL A 6922 WILLOW CREEK RUN LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5504 Albin Dr Greenacres, FL 33463
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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
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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

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: **April A. Fulton** DATE **1/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR