

PO4000103527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

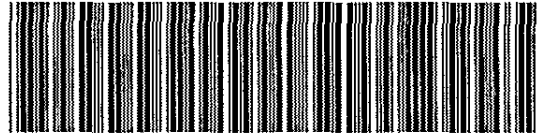
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100079986761

09/21/06--01026--011 **35.00

FILED
06 SEP 21 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KH17
OFFKESIGT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fulford & Fulford Enterprises, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000103527

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen S Fulford

(Name of Person)

Fulford & Fulford Enterprises, Inc.

(Name of Firm/Company)

114 NE 89th Ave.

(Address)

Old Town, FL 32680

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen S. Fulford

(Name of Person)

at (352) 542-7341

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ralph S. Fulford, hereby resign as Officer/Director/VP
(Title)

of Fulford & Fulford Enterprises, Inc.
(Name of Corporation)

P04000103527, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
06 SEP 21 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314