

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90457 032 ***150.00

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1. Entity Name
FULOP ENTERPRISES, INC.



Principal Place of Business
3133 BAYSHORE OAKS DRIVE
TAMPA, FL 33611

Mailing Address
3133 BAYSHORE OAKS DRIVE
TAMPA, FL 33611

60031943



2. Principal Place of Business
4022 WEST CORONA ST
Suite, Apt. #, etc.

3. Mailing Address
4022 WEST CORONA ST
Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
20-2568866

Applied For
Not Applicable

Zip
33629

Country
USA

Zip
33629

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, JEFFREY D
935 MAIN STREET
A-2
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FULOP, JEFFREY
STREET ADDRESS 3133 BAYSHORE OAKS DRIVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE D ☐ Delete
NAME FULOP, CARRIE L
STREET ADDRESS 3133 BAYSHORE OAKS DRIVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4022 WEST CORONA ST
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4022 WEST CORONA ST
CITY-ST-ZIP TAMPA, FL 33629

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

SIGNATURE: X *Jeffrey Fulop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/26/06

Date

Daytime Phone #