

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 31, 2006 8:00 am
Secretary of State

04-27-2006 90172 005 ***150.00

DOCUMENT # P05000120871 1. Entity Name CYRIL J. FULLENKAMP, P.A.			
Principal Place of Business 970 TOOKIE ROAD JACKSONVILLE FL 32234 US <i>518 BRANSCOMB Rd.</i>		Mailing Address 970 TOOKIE ROAD JACKSONVILLE FL 32234 US <i>518 BRANSCOMB Rd.</i>	
2. Principal Place of Business <i>518 BRANSCOMB Rd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>518 BRANSCOMB Rd.</i> Suite, Apt. #, etc.	
City & State <i>GREEN COVE SPRINGS, FL</i> Zip <i>32043</i> Country <i>FLA</i>		City & State <i>GREEN COVE SPRINGS, FL</i> Zip <i>32043</i> Country <i>FLA</i>	
4. FEI Number <i>20-3397447</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent FULLENKAMP, CYRIL J 970 TOOKIE ROAD JACKSONVILLE FL 32234		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resubmitting)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST FULLENKAMP, CYRIL J 970 TOOKIE ROAD JACKSONVILLE FL 32234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another the empowered.			
SIGNATURE: <i>Cyril J. Fullenkamp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/10/06 904-486-0113 <small>Date Daytime Phone #</small>	