

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 021 ***150.00

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DOCUMENT # P05000120871 1. Entity Name CYRIL J. FULLENKAMP, P.A.					
Principal Place of Business BRANSCOMB 518 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043 US		Mailing Address BRANSCOMB 518 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043 US			
2. Principal Place of Business - No P.O. Box # Cyril J Fullenkamp PA Suite, Apt. #, etc. 518 Branscomb Rd City & State Green Cove Springs, FL Zip 32043 Country USA		3. Mailing Address Suite, Apt. #, etc. Same City & State Zip Country		02032007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-3397447		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 Fullenkamp, Cyril J Street Address (P.O. Box Number is Not Acceptable) 518 Branscomb Rd City Green Cove Springs FL Zip Code 32043		
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 2/13/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PVST	<input type="checkbox"/> Delete			
NAME	FULLENKAMP, CYRIL J				
STREET ADDRESS	970 TOOKIE ROAD				
CITY-ST-ZIP	JACKSONVILLE, FL 32234				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 names empowered.					
SIGNATURE: DATE 2/13/07 DAYTIME PHONE 904-456-0118 <small>SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					