

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120871

FILED
Mar 18, 2008
Secretary of State

Entity Name: CYRIL J. FULLENKAMP, P.A.

Current Principal Place of Business:

518 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

4300 SW COUNTY ROAD 769
ARCADIA, FL 34269 US

Current Mailing Address:

518 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

4300 SW COUNTY ROAD 769
ARCADIA, FL 34269 US

FEI Number: 20-3397447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLENKAMP, CYRIL J
518 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

FULLENKAMP, CYRIL J
4300 SW COUNTY ROAD 769
ARCADIA, FL 34269 US

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.

SIGNATURE:

03/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FULLENKAMP, CYRIL J
Address: 970 TOOKIE ROAD
City-St-Zip: JACKSONVILLE, FL 32234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: FULLENKAMP, CYRIL J
Address: 4300 SW COUNTY ROAD 769
City-St-Zip: ARCADIA, FL 34269 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRIL J. FULLENKAMP

PVST

03/18/2008

Electronic Signature of Signing Officer or Director

Date