

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 036 ***158.75

DOCUMENT # P05000123246 1. Entity Name FULL STUFF INC.			
Principal Place of Business 6344 RALEIGH ST APT 1112 ORLANDO, FL 32835		Mailing Address 6344 RALEIGH ST APT 1112 ORLANDO, FL 32835	
2. Principal Place of Business ORLANDO 172 JOCELYN DR.		3. Mailing Address ORLANDO 172 JOCELYN DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAVENPORT FL		City & State DAVENPORT FL	
Zip 33897		Zip 33897	
Country USA		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS, ANGEL 6344 RALEIGH ST APT 1112 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name ARIAS ANGEL Street Address (P.O. Box Number is Not Acceptable) 172 JOCELYN DR. City DAVENPORT FL Zip Code 33897	
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 OWNER / P.D. DATE 02/09/06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARIAS, ANGEL 6344 RALEIGH ST APT 1112 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARIAS, ANGEL 172 JOCELYN DR DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CASTILLO, SOLEDAD 6344 RALEIGH ST APT 1112 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CASTILLO, SOLEDAD 172 JOCELYN DR. DAVENPORT, FL 33897
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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: ANGEL ARIAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/09/06 Daytime Phone # 407 496 4266	