

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000110572

Entity Name: TOM FULLER STUCCO, INC.

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3470 E. LEE DR.  
INVERNESS, FL 344539633 US

**New Principal Place of Business:**

**Current Mailing Address:**

3470 E. LEE DR.  
INVERNESS, FL 344539633 US

**New Mailing Address:**

FEI Number: 76-0837044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FULLER, TOM  
3470 E. LEE DR.  
INVERNESS, FL 344539633 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P T  
Name: FULLER, TOM  
Address: 3470 E. LEE DR.  
City-St-Zip: INVERNESS, FL 344539633

Title: VP S  
Name: FULLER, ROBYN L  
Address: 3470 E. LEE DR.  
City-St-Zip: INVERNESS, FL 34453

I hereby 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 all other like empowered.

SIGNATURE: ROBYN L FULLER

VP S

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date