

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P33417

1. Entity Name
ELZER T. FULLER, JR., P.S.C.



Principal Place of Business
**1743 PARK TERR E
ATLANTIC BCH, FL 32233**

Mailing Address
**1743 PARK TERR E
ATLANTIC BCH, FL 32233**



03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1010720	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FULLER, ELZER T. JR.
1743 PARK TERR. E
ATLANTIC BCH., FL 32233**

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IN THIS SPACE**

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 *Elzer T. Fuller, Jr.* *JMD* *President* *3-19-05*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	FULLER, ELZER T. JR.
STREET ADDRESS	1743 PARK TERR E
CITY-ST-ZIP	ATLANTIC BCH, FL
TITLE	VST
NAME	FULLER, JUDY
STREET ADDRESS	1743 PARK TERR E
CITY-ST-ZIP	ATLANTIC BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/05-80004-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Elzer T. Fuller, Jr.* *JMD* *3-19-05* *606-843-2548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #