

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 030 \*\*\*150.00

**DOCUMENT # P94000031133**

1. Entity Name

J. MILFRED HULL, P.A.



Principal Place of Business

~~2 HERITAGE WAY~~  
~~STUART FL 34996~~

Mailing Address

~~2 HERITAGE WAY~~  
~~STUART FL 34996~~



2. Principal Place of Business

10440 Anslay Cove  
Suite, Apt. #, etc.  
COLLIERVILLE, TN  
City & State

3. Mailing Address

10440 Anslay Cove  
Suite, Apt. #, etc.  
COLLIERVILLE, TN  
City & State

1st MOORE

CR2E034 (10/05)

Zip  
38017

Country  
Shelby

Zip  
38017

Country  
Shelby

4. FEI Number  
65-0493423

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANK, BRITT W CPA  
759 S. FEDERAL HWY.  
STE. 321  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HULL, J. MILFRED	
STREET ADDRESS	2 HERITAGE WAY 10440 Anslay Cove	
CITY-ST-ZIP	STUART FL 34996 COLLIERVILLE, TN 38017	
TITLE	S	<input type="checkbox"/> Delete
NAME	HULL, HELEN	
STREET ADDRESS	2 HERITAGE WAY 10440 Anslay Cove	
CITY-ST-ZIP	STUART FL 34996 COLLIERVILLE, TN 38017	
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		
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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date

Daytime Phone #