

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000054645 1. Entity Name HULLEY CORPORATION					
Principal Place of Business 2100 BARKELEY LN APT 19 FORT MYERS FL 33907 US			Mailing Address 2100 BARKELEY LN APT 19 FORT MYERS FL 33907 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0678835	
5. Certificate of Status Desired ☐				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent HULLEY, EWA 2100 BARKELEY LN APT 19 FORT MYERS FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applied	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when re-registering)	
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 Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULLEY, EWA 2100 BARKELEY LN #19 FORT MYERS FL 33907		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
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: <u>E. Hulley</u> EWA HULLEY					
APRIL 13, 2006					