

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000034983

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FULTON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10269 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9893  
CORAL SPRINGS, FL 330759893

**New Mailing Address:**

**FEI Number:** 65-0828290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULTON, VALERIE L  
8750 NW 68TH CT  
PARKLAND, FL 33067 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: PDS  
Name: FULTON, VALERIE L  
Address: 8750 NW 68TH COURT  
City-St-Zip: PARKLAND, FL 33067

Title: VD  
Name: SOLER, CARMEN  
Address: 8431 NW 26TH DR  
City-St-Zip: POMPANO BEACH, FL 33065

Title: VD  
Name: MENA, CAROLYN  
Address: 9306 NW 2ND ST  
City-St-Zip: CORAL SPRINGS, FL 33071

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: VALERIE L. FULTON

PRES

04/27/2011

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

\_\_\_\_\_  
Date