


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000075140

1. Entity Name
KERRY CRAIG FULLER P.A.



FILED
 04 JAN -9 PM 1:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**55 ROGERS ST
 #405
 CLEARWATER, FL 33756**

Mailing Address
**55 ROGERS ST
 #405
 CLEARWATER, FL 33756**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3532327 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**FULLER, KERRY C
 55 ROGERS STREET
 #405
 CLEARWATER, FL 33756**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FULLER, KERRY C
STREET ADDRESS	55 ROGERS ST #405
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VTS
NAME	FULLER, JO E
STREET ADDRESS	55 ROGERS ST #405
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800026597898
 01/09/04--01035--007 **150.00

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)(i), 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: JO E FULLER **JO E FULLER** 1/7/04 (727) 448-0309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #