

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075140

Entity Name: KERRY CRAIG FULLER P.A.

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

530 S GULFVIEW BLVD  
#504  
CLEARWATER, FL 33767

## Current Mailing Address:

530 S GULFVIEW BLVD  
#504  
CLEARWATER, FL 33767

FEI Number: 59-3532327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

55 ROGERS ST  
#405  
CLEARWATER, FL 33756

## New Mailing Address:

55 ROGERS ST  
#405  
CLEARWATER, FL 33756

## Name and Address of Current Registered Agent:

FULLER, KERRY C  
530 S GULFVIEW BLVD  
#504  
CLEARWATER, FL 33767 US

## Name and Address of New Registered Agent:

FULLER, KERRY C  
55 ROGERS ST  
#405  
CLEARWATER, FL 33756 US

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

02/08/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FULLER, KERRY C  
Address: 530 S GULFVIEW BLVD #504  
City-St-Zip: CLEARWATER, FL 33767

Title: VTS ( ) Delete  
Name: FULLER, JO E  
Address: 530 S GULFVIEW BLVD #504  
City-St-Zip: CLEARWATER, FL 33767

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FULLER, KERRY C  
Address: 55 ROGERS ST #405  
City-St-Zip: CLEARWATER, FL 33756

Title: VTS (X) Change ( ) Addition  
Name: FULLER, JO E  
Address: 55 ROGERS ST #405  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JO E FULLER

Electronic Signature of Signing Officer or Director

VTS

02/08/2008

Date