

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075140

Entity Name: KERRY CRAIG FULLER P.A.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

530 S GULFVIEW BLVD, 504
CLEARWATER, FL 337672515

New Principal Place of Business:

Current Mailing Address:

530 S GULFVIEW BLVD, 504
CLEARWATER, FL 337672515

New Mailing Address:

FEI Number: 59-3532327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

03/24/2009

Date