## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

MARION S. HANION

## FILED May 03, 2005 08:00 AN Secretary of State

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DOCUMENT # P98000105665 *				}	· ·	
1. Entity Name				1		
	FUSS PROPERTIES, INC.			<b>\</b>		
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Principal Plac	ce of Business N	failing Address		}		
(	<del>-</del>	29 DAVIS BOULEVARD #A		1		
		TAMPA, FL 33606		1		
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}				}		
				03172005 No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	FEIL .	Applied For	
				4. FEI Number 59-3551082	Not Applicable	
				33-3331102	CO 7E Additional	
<b>\</b>				5. Certificate of Status Desired	Fee Required	
<del></del>	6. Name and Address of Current Regi			<del>}</del>		
<b></b>			1		}	
SULTENFUSS, VINCENT J SR.				DO NOT W	VOITE	
	29 DAVIS BOULEVARD #A			DO NOT WRITE		
TAMPA, FL 33606 -			IN THIS SPACE			
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	e named entity submits this statement for the	the register	and office of register	and appet or both in the State of	Florido Lam familiar with and accont	
	e named entity submits this statement for the ullons of registered agent.	purpose of changing its register	ed onice of register	ed agent, or odin, in the state of t	nonda. Tam lamiliai with, and accept	
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SIGNATURE.					DATE	
<u> </u>	Signature, typed or printed name of registered agent and title	al applicable. (NOTE, Register)	ed Agent signature required	(whan reinstaurig)	DAIL	
}		9. Election Campaign Fina	osina de	20	)	
FiL	E NOW!!! FEE IS \$150.00 iay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		.00 May Be ed to Fees	<b>{</b>	
AIGIM	ay 1, 2009 Fee will be \$350.00	- 12			į	
10.	OFFICERS AND DIRE	CTORS	1			
TITLE	D		1		}	
NAME	SULTENFUSS, VINCENT J SR.		Į.			
STREET ADDRESS	1					
CITY+ST-ZIP	TAMPA, FL 33606	- <del>-</del> -			}	
TIFLE	D		1			
NAME	HANLON, MARION S	-	1	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	00359158	
STREET ADDRESS	1		05/04/05-80144-013 150.00			
City-St-Zip	TAMPA, FL 33606	<del>7 T</del>				
TITLE	∫D	=			}	
NAME	SULTENFUSS, PAUL L	•	}		ì	
STREET ADDRESS	29 DAVIS BOULEVARD #A			-DO NOT V	VRITE	
CITY-ST-ZIP	TAMPA, FL 33606	* W KOLAN	4			
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CITY-ST-ZIP			1			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this range or supplemental conditions and acquirate and that my supplies the same legal affect on if made under each that I am as affect or director.						
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	i, or on an attachment with an address, with a	II other like empowered.			}	
SIGNATURE: / Marcol S. Hanlox 1428-05 /813251-4699						
SIGNATURE: V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAIR. Daile.						