


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000036200**  
1. Entity Name  
**FLEMING BROTHERS SERVICES, INC.**



<small>Principal Place of Business</small> 5202 SW 90TH TERR COOPER CITY, FL 33328	<small>Mailing Address</small> 5202 SW 90TH TERR COOPER CITY, FL 33328
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**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-0835337	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$9.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

FLEMING, DOUGLAS E  
5202 SW 90TH TERR.  
COOPER CITY, FL 33328

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000421231 02/16/06-80027-020 150.00
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**10. OFFICERS AND DIRECTORS**

<small>TITLE</small> PRES	<small>NAME</small> FLEMING, DOUGLAS E
<small>STREET ADDRESS</small> 5202 SW 90TH TERR.	<small>CITY - ST - ZIP</small> COOPER CITY, FL 33328
<small>TITLE</small> VP	<small>NAME</small> FLEMING, DAVID L
<small>STREET ADDRESS</small> 5180 S.W. 88TH TERR.	<small>CITY - ST - ZIP</small> COOPER CITY, FL 33328
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY - ST - ZIP</small>
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY - ST - ZIP</small>
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY - ST - ZIP</small>

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Douglas E. Fleming* **Doug** 95 E. Fleming 2-2-06 954-258-9307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #