2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 243339

1. Entity Name
FLETCHER PRINTING CO.

Principal Place of Business	Mailing Address
4250 S. FLORIDA AVE SUITE #1 LAKELAND, FL 33813 US	4250 S. FLORIDA AVE SUITE #1 LAKELAND, FL 33813 US

DO NOT WRITE IN THIS SPACE

01292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-0994977	Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER,RALPH L
4250 S. FLORIDA AVE
LAKELAND, FL 33813

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLETCHER,RALPH L
STREET ADDRESS	4250 S. FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	D
NAME	FLETCHER,MARGURITE
STREET ADDRESS	4250 S. FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/07-80029-003 150.00

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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: _Marguerite Fletcher_   1/29/07   863/644-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #