## 2006 FOR PROFIT-CORPORATION ANNUAL REPORT

## DOCUMENT # 418161

1. Entity Name
FISCHER HOLDING COMPANY, INC.



FILED Apr 24, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

26 S. ATLANTIC AVENUE COCOA BEACH, FL 32931 US 2 SOUTH ATLANIC AVENUE COCOA BEACH, FL 32931

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DO N	OT	WRIT	TE IN	THIS	SPACE
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8. Name and Address of Current Registered Agent

4142006	No Chg-P	CR2E034 (11/05)		
FEI Number		;	Applied For	
59-1441	548		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHARLES IAN NASH C/O FRESE, NASH & HANSEN, P. A. 930 S. HARBOR BLVD. MELBOURNE, FL 32901

## DO NOT WRITE IN THIS SPACE

			<u> </u>	
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered office or	registered agent, or both, in th	e State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered egent and little	If applicable, INOTE: Registered Agent signature	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	## Election Campaign Financing     Trust Fund Contribution.     ###    ####    ##################	\$5.00 May Be Added to Fees	t
10.	OFFICERS AND DIREC	CTORS:	}	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PDV FISCHER, RUSSELL E 2 SOUTH ATLANTIC AVE COCOA BCH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05	U00000525485 /04/06-88036-013 150.00
Title Name Street Address City-St-Zip			DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,
TITLE NAME STREET ADDRESS				:

12. I hereby certify that the information supplied with this filling 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 path; 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.

SIG	NAT	URE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ylaloc 3-1-781-2421

Daytime Phone #