

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596884

Entity Name: FLETCHER ENTERPRISES, INC.

FILED  
Apr 22, 2005  
Secretary of State

**Current Principal Place of Business:**

17129 US HWY 19 NO  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**  
17129 US HWY 19 NO  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 59-1903492      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCFARLAND, PEGGY J PRES  
17129 US HWY 19 N  
LARGO, FL  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: FLETCHER, LAURA J,  
Address: 17129 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33764 US

Title: P ( ) Delete  
Name: MCFARLAND, PEGGY,  
Address: 17129 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33764 US

Title: S ( ) Delete  
Name: CONDER, SHERRY J,  
Address: 17129 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33764 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SHERRY J. CONDER

S

04/22/2005

Electronic Signature of Signing Officer or Director

Date