FILED
Feb 21, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 596884

1. Entity Name
FLETCHER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17129 US HWY 19 NO CLEARWATER, FL 33764 US	17129 US HWY 19 NO CLEARWATER, FL 33764 US

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02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1903492
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FLETCHER, LAURA J
STREET ADDRESS	17129 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	P
NAME	MCFARLAND, PEGGY
STREET ADDRESS	17129 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	S
NAME	CONDER, SHERRY J
STREET ADDRESS	17129 US HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Laura Fletcher Laura Fletcher 2-13-06 727-535-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #