

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 602758

1. Entity Name

**JIMMY C. FISCHER & COMPANY, CERTIFIED PUBLIC
ACCOUNTANTS, PROFESSIONAL ASSOCIATION**



Principal Place of Business

**3315 HENDERSON BLVD.
TAMPA, FL 33609**

Mailing Address

**3315 HENDERSON BLVD.
TAMPA, FL 33609**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1346995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, JIMMY C
408 BRIERCLIFF DR
TAMPA, FL 33617-4222**

**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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	CSD
NAME	FISCHER, JIMMY C
STREET ADDRESS	408 BRIERCLIFF DR
CITY - ST - ZIP	TAMPA, FL 336174222
TITLE	P
NAME	FISCHER, DANIEL J
STREET ADDRESS	3315 HENDERSON BLVD
CITY - ST - ZIP	TAMPA, FL 336174222
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000391094
01/24/05-80027-006 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMY C FISCHER, Chairman

Date

Daytime Phone #