

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 603473**

1. Entity Name  
FOGLE & FIEDLER, P.A.



Principal Place of Business  
217 E PLYMOUTH AVE.  
P.O. BOX 24  
DELAND, FL 32721-0024

Mailing Address  
P.O. BOX 24  
DELAND, FL 32721-0024 US



08072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1390975

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FIEDLER, TIMOTHY R  
218 SILVER BRANCH TRAIL  
DELAND, FL 32724

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000574033  
08/10/06-80004-004 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD FIEDLER, TIMOTHY R 218 SILVER BRANCH TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FIEDLER, MARY M 218 SILVER BRANCH TRAIL DELAND, FL 32724
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Timothy R. Fiedler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/06 386 734-4215  
Date Daytime Phone #