

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 650280	
1. Entity Name M.F. FLETCHER & ASSOCIATES, INC.	

Principal Place of Business 17404 PALOMINO LAKES DRIVE DADE CITY, FL 33523 US	Mailing Address 17404 PALOMINO LAKES DRIVE DADE CITY, FL 33523 US
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1952482	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIRK, R. PATRICK ESQ 106 SO. TAMPANIA ST TAMPA, FL 33609
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**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

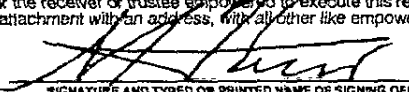
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLETCHER, MAX F 17404 PALOMINO LAKES DR DADE CITY, FL 33523 ✓
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLETCHER, SANDRA 17404 PALOMINO LAKES DRIVE DADE CITY, FL 33523 ✓
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIMARIA, LEIGH F 28912 BAYTREE PL ZEPHYRHILLS, FL 33544 ✓
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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01/19/06-80004-021 150.00

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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:  **Max F. Fletcher** **1-10-06** **1-352-588-3557**