


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 650280 1. Entity Name M.F. FLETCHER & ASSOCIATES, INC.	
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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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DO NOT WRITE IN THIS SPACE



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1952482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIRK, R. PATRICK ESQ
106 SO. TAMPANIA ST
TAMPA, FL 33609**

**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 N/A (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 17434 PALOMINO LAKES DR. DADE CITY, FL 33523
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04/14/08-80015-003 150.00

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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: MAY F. FLETCHER (3-24-08) 352-588-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #