

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # G15716

1. Entity Name
FLETCHER COMPANY OF GADSDEN COUNTY, INC.



Principal Place of Business
**600 N. 14TH STREET
QUINCY, FL 32351**

Mailing Address
**600 N. 14TH STREET
QUINCY, FL 32351**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2249902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLETCHER, SANDRA S
600 N. 14TH STREET
QUINCY, FL 32351**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000592144
01/19/07-80052-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLETCHER, SANDRA S
STREET ADDRESS	600 N. 14TH STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	V
NAME	FLETCHER, EDWARD H
STREET ADDRESS	600 N. 14TH STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	V
NAME	DUFFEY, ELIZABETH H
STREET ADDRESS	1210 CIRCLE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	ST
NAME	FLETCHER, H. MAXWELL JR.
STREET ADDRESS	113 N. MADISON STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-07

Date

850 545-8122

Daytime Phone #