

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # H72292

1. Entity Name

FISHER & FISHER, INC.



Principal Place of Business

2265 LEE RD
SUITE 117
WINTER PARK FL 32789
US

Mailing Address

2124 CHESHIRE BRIDGE RD
STE 3306
ATLANTA GA 30324
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2565910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, ALBERT F.
1050 HILLSBORO MILE 902 W
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
FISHER, ALBERT F.
1050 HILLSBORO MILE 902-W
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
FISHER, ALBERT, F, III
27 JAMES AVE
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000435137
02/25/06-80031-003 150.00 ☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Albert F Fisher Pres*

2-13-06

407-405-6119