

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 015 ***150.00

DOCUMENT # J50853

1. Entity Name
FLEMING ENTERPRISES, INC.



Principal Place of Business
**2200 HILLCREST ST
PO BOX 149166
ORLANDO, FL 32814-9166**

Mailing Address
**2200 HILLCREST ST
PO BOX 149166
ORLANDO, FL 32814-9166**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2748933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEMING, BRANT E
2200 HILLCREST STREET
ORLANDO, FL 32804**

**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 \$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
**STD
FLEMING, GARY B.
2200 HILLCREST STREET
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLEMING, BRANT E
2200 HILLCREST STREET
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLEMING, BOONE D
2200 HILLCREST STREET
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Brant Fleming* **BRANT FLEMING** 3/6/06 407-422-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #