2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67225

Title:

Name:

Address:

City-St-Zip:

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JACKSONVILLE BEACH, FL 32250

FISHER, PHYLLIS

9725 BEACH BLVD.

FILED Apr 27, 2006 Secretary of State

Entity Nam	ne: FISHER W	ATERBEDROOMS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3010 THIRE	NCE R. PATTEI D STREET SOU /ILLE BEACH, I	JTH SUITE A					
Current Mailing Address:			New Mailii	New Mailing Address:			
3010 THIRE	NCE R. PATTEI D STREET SOU /ILLE BEACH, I	JTH SUITE A					
FEI Number:	59-2795238	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
PATTERSON, LAWRENCE R. 3010 THIRD STREET SOUTH SUITE A JACKSONVILLE, FL 32250 US							
The above in the State		bmits this statement for the pu	rpose of changing it	s registered o	office or registered agent, or bot	h,	
SIGNATUR	E:						
	Electronic	: Signature of Registered Agen	t		Date	_	
Election Cam	paign Financing ⁻	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () C FISHER, DAVID J 2811 OLEANDER ATLANTIC BEACH	DRIVE	Title: Name: Address: City-St-Zip:	FISHER, DAVII 4636 RIBAULT			
Title: Name: Address: City-St-Zip:	S () E LAROSA, CATHE 516 BEACHCOMI NEPTUNE BEACH	BER DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name: Address:

City-St-Zip:

SIGNATURE: PHYLLIS FISHER P 04/27/2006

() Change () Addition