

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L62292

1. Entity Name
L. R. FISHERS, INC.



FILED
May 02, 2006 08:00 AM
Secretary of State

Principal Place of Business
2846 NE 19TH DRIVE
GAINESVILLE, FL 32609

Mailing Address
2846 NE 19TH DRIVE
GAINESVILLE, FL 32609



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3009464 | Applied For
| Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAYS, DAVID L
13703 MILLHOPPER RD.
GAINESVILLE, FL 32653

**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 P
NAME MAYS, DAVID L
STREET ADDRESS 13703 MILLHOPPER ROAD
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE VP
NAME SILL, RUSSELL A
STREET ADDRESS 4411 NW 65TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE T
NAME SILL, KEVIN A.
STREET ADDRESS 4411 NW 65TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000558476
05/17/06-80095-009 158.75

**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:

David L. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April '06 392-372-7617

Date

Daytime Phone #