

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90398 036 ***150.00

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1. Entity Name

FISHER STUCCO, INC.



Principal Place of Business

851 US HIGHWAY 98
EASTPOINT FL 32328

Mailing Address

851 US HIGHWAY 98
EASTPOINT FL 32328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3648251

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, RICHARD M PRES
851 US HIGHWAY 98
EASTPOINT FL 32328

Name *Keith Fisher*

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

123 Old Ferry Dock Road

City *Eastpoint*

FL

Zip Code *32328*

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 Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME FISHER, RICHARD
STREET ADDRESS 851 US HIGHWAY 98
CITY-ST-ZIP EASTPOINT FL 32328

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

TITLE ☐ Delete
NAME FISHER, KEITH
STREET ADDRESS 757 E GORRIE DR., #5
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *123 Old Ferry Dock Road*
CITY-ST-ZIP *Eastpoint, FL 32328*

TITLE ☐ Delete
NAME FISHER, DOUG
STREET ADDRESS 851 US HIGHWAY 98
CITY-ST-ZIP EASTPOINT FL 32328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Richard M. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 (82) 927-4016

Date

Daytime Phone #