


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 008 ***150.00

DOCUMENT # P00000044094 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 - No P.O. Box # 273 Tallahassee St		3. Mailing Address 273 Tallahassee St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Eastpoint FL		City & State Eastpoint FL		4. FEI Number 59-3648251	
Zip 32328		Country Franklin		Applied For <input type="checkbox"/> Not Applicable	
Zip 32328		Country Franklin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, KEITH 123 OLD FERRY DOCK RD EASTPOINT, FL 32328				7. Name and Address of New Registered Agent Name Richard Fisher Street Address (P.O. Box Number is Not Acceptable) 273 Tallahassee St 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 <u>RICHARD M. FISHER, PRES.</u> DATE <u>2-4-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RICHARD 851 US HIGHWAY 98 EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 273 Tallahassee St Eastpoint, FL 32328
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, KEITH 123 OLD FERRY DOCK RD EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, DOUG 851 US HIGHWAY 98 EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 273 Tallahassee St Eastpoint, FL 32328
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Richard M Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-4-07</u> Daytime Phone # <u>(850) 670-2246</u>		

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