


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000117820					
1. Entity Name FISHER CREEK ASSOCIATES, INC.					
Principal Place of Business 4801 ULMERTON RD CLEARWATER, FL 34622			Mailing Address 4801 ULMERTON RD CLEARWATER, FL 34622		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0006992	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCLAIN, JERRY K 4801 ULMERTON RD CLEARWATER, FL 33762				Name <u>FRED G. LINDSEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4801 ULMERTON RD</u> City <u>CLEARWATER</u> FL <u>33762</u>	
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>Fred G. Lindsey</u> <u>FRED G. LINDSEY</u> <u>9/28/06</u> <small>Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CDP EVANS, RICHARD EVAN 4801 ULMERTON RD CLEARWATER, FL 34622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900080384909 <input type="checkbox"/> Addition 10/03/06--01018--001 **550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EVANS, LUELLA M 4801 ULMERTON RD CLEARWATER, FL 34622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080384909 10/31/06--01078--022 **200.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCLAIN, JERRY K 4801 ULMERTON ROAD CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDSEY, FRED G. 4801 ULMERTON RD CLEARWATER FL 33762	
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	
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>Fred G. Lindsey</u> <u>FRED G. LINDSEY</u> <u>9/28/06</u> <u>727-572-7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
06 OCT 20 PM 3:33
CLERK OF STATE
TALLAHASSEE, FLORIDA



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