

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P02000123010

1. Entity Name
CAHALL, FISHER AND ASSOCIATES, INC.



Principal Place of Business

6519 126TH AVENUE NO
LARGO, FL 33773 US

Mailing Address

6519 126TH AVENUE NO
LARGO, FL 33773 US



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1661105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

FISHER, JOHN H
6519 126TH AVENUE NO
LARGO, FL 33773

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000861083
04/02/08-80089-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FISHER, JOHN H
STREET ADDRESS 6519 126TH AVENUE NO
CITY-ST-ZIP LARGO, FL 33773

TITLE VD
NAME CAHALL, CHARLES V
STREET ADDRESS 6519 126TH AVENUE NO
CITY-ST-ZIP LARGO, FL 33773

TITLE SD
NAME TAYLOR, SHERY A
STREET ADDRESS 6519 126TH AVENUE NO
CITY-ST-ZIP LARGO, FL 33773

TITLE TD
NAME CAHALL, PAMELA J
STREET ADDRESS 6519 126TH AVENUE NO
CITY-ST-ZIP LARGO, FL 33773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

John Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 727-576-9211
Date Daytime Phone #