2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000115698

1. Entity Name

FISHER'S BUSINESS INVESTMENT GROUP, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780 Mailing Address

1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0399926

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, ROBIN L 1625 GARDEN ST TITUSVILLE, FL 32796

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title lit	applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Carr Trust Fund C			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	<u> </u>		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FISHER, ROBIN L 1625 GARDEN ST TITUSVILLE, FL 32796		U00000587891 01/17/07-80051-001 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, WOODROW 505 INDIAN RIVER AVE. TITUSVILLE, FL 32796					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GREENE, JEFFREY 2405 GARDEN ST. TITUSVILLE, FL 32780			DO NOT WRITE		
TITLE NAME STREET ADORESS CITY-ST-ZIP	SEC EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE, FL 32780		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				1		

12. I nereby 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:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/12/07 321-267-5504

Daytime Phone #