


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90380 016 ***150.00

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1. Entity Name
FISHER VINYL SIDING, INC.



Principal Place of Business Mailing Address
~~8131 B EIGHT MILE CREEK ROAD~~ ~~8131 B EIGHT MILE CREEK ROAD~~
~~PENSACOLA, FL 32526~~ ~~PENSACOLA, FL 32526~~

2. Principal Place of Business 3. Mailing Address
250 SAN CARLOS Rd 250 SAN CARLOS Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Panama City, FL Panama City, FL
Zip Country Zip Country
32533 Escambia 32533 Escambia


02142006 Chg-P CR2E034 (11/05)
4. FEI Number 74-3114534 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISHER, TOMMY A
8131 B EIGHT MILE CREEK ROAD
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 2006	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FISHER, TOMMY A 8131 B EIGHT MILE CREEK ROAD PENSACOLA, FL 32526 <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
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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: Tommy A. Fisher **3-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone _____