

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 011 ***158.75

DOCUMENT # P04000151166

1. Entity Name

FISCHER BROS. INDUSTRIES OF FL. INC.



Principal Place of Business

11505 CHARLIES TERR.
FT. MYERS FL 33907

Mailing Address

11505 CHARLIES TERR.
FT. MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

33-1105641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, JOHNNIE
11505 CHARLIES TERR.
FT. MYERS FL 33907

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FISCHER, JOHNNIE
STREET ADDRESS 11505 CHARLIES TERR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE V ☐ Delete
NAME CHEATHAM, MICHELLE
STREET ADDRESS 11505 CHARLIES TERR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE T ☐ Delete
NAME CHEATHAM, MICHAEL
STREET ADDRESS 11505 CHARLIES TERR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE S ☐ Delete
NAME JOHNSON, SHIRLEY
STREET ADDRESS 11505 CHARLIES TERR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME FISCHER, JOHNNIE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MICHELE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME SHIRLEY L. HOOD ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shirley L. Hood Shirley L. Hood 2-3-06 277-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #