


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90150 030 \*\*\*150.00

<b>DOCUMENT # P05000010197</b>	
<b>1. Entity Name</b> FISCHERS LAWN, LANDSCAPE & TREE SERVICE, INC.	

<b>Principal Place of Business</b> 123 SE 12TH COURT CAPE CORAL FL	<b>Mailing Address</b> 123 SE 12TH COURT CAPE CORAL FL
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 11-3750300	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
FISCHER, PAUL 123 SE 12TH COURT CAPE CORAL FL	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> FISCHER, PAUL OWNER	
<b>STREET ADDRESS</b> 123 SE 12TH COURT	
<b>CITY-ST-ZIP</b> CAPE CORAL FL	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Paul Fischer Paul Fischer 4-11-06 239-574-5612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #