

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 021 ***150.00

DOCUMENT # P05000099762

1. Entity Name
M & D CONTRACTING, INC.



Principal Place of Business
**6004 SUNSET BLVD
FT. PIERCE, FL 34982**

Mailing Address
**6004 SUNSET BLVD
FT. PIERCE, FL 34982**

50009656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

26-0122298

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

**FISHER, DONALD W
6004 SUNSET BLVD
FT. PIERCE, FL 34974**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FISHER, DONALD E	
STREET ADDRESS	1435 SW 67TH DR	
CITY- ST- ZIP	OKEECHOBEE, FL 34974	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, MICHAEL W	
STREET ADDRESS	1435 SW 67TH DR	
CITY- ST- ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DONALD E	
STREET ADDRESS	6004 SUNSET BLVD	
CITY- ST- ZIP	FT PIERCE, FL 34982	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael W Fisher	
STREET ADDRESS	7682 NW 89TH CT	
CITY- ST- ZIP	Okeechobee FL 34972	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda L. Fisher	
STREET ADDRESS	6004 Sunset Blvd.	
CITY- ST- ZIP	FL Pierce, FL 34982	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donel R. FISHER	
STREET ADDRESS	7682 NW 89TH CT	
CITY- ST- ZIP	Okeechobee FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Linda L Fisher **Linda L Fisher**

4/3/06

772-467-0987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #