

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2006 90025 021 ***150.00

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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03242006 Chg-P CR2E034 (11/05)

4. FEI Number
26-0122298 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (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 11

TITLE **P** Delete
 NAME **FISHER, DONALD E**
 STREET ADDRESS **1435 SW 67TH DR**
 CITY-ST-ZIP **OOKEECHOBEE, FL 34974**

TITLE **P** Change Addition
 NAME **FISHER, DONALD E**
 STREET ADDRESS **6004 SUNSET BLVD**
 CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE **V** Delete
 NAME **FISHER, MICHAEL W**
 STREET ADDRESS **1435 SW 67TH DR**
 CITY-ST-ZIP **OOKEECHOBEE, FL 34974**

TITLE **V-P** Change Addition
 NAME **Michael W Fisher**
 STREET ADDRESS **7682 NW 89th Ct**
 CITY-ST-ZIP **Okeechobee FL 34972**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Treasurer**
 STREET ADDRESS **Linda L. Fisher**
 CITY-ST-ZIP **6004 Sunset Blvd. Ft. Pierce, FL 34982**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **Donel R. FISHER**
 CITY-ST-ZIP **7682 NW 89th Ct Okeechobee FL 34972**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 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: *Donal Fisher* *Linda L Fisher* **4/3/06** **772-467-0987**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #