FILED
Jun 19, 2006 8:00 am
Secretary of State
04-27-2006 90221 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138631

1. Entity Name
FISHER TRANSPORT , INC.

Principal Place of Business	Mailing Address
6522 S.W. 87 TH PLACE ROAD OCALA, FL 34476	6522 S.W. 87 TH PLACE ROAD OCALA, FL 34476

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10740 S.W. 105TH ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State
Zip: 34481 Country: US	Zip Country

4. FEI Number: 20 3712289 — Applied For / Not Applicable

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
INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761	Name: MARC E. FISHER Street Address (P.O. Box Number is Not Acceptable): 10740 S.W. 105TH ST. City: OCALA FL Zip Code: 34481

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: Marc E. Fisher 4/24/06
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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS FISHER, MARC E 6522 S.W. 87TH PLACE ROD OCALA, FL 34476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FISHER, MARC E 10740 S.W. 105TH ST. OCALA, FL 34481	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Marc E. Fisher 4/24/06 352-274-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #