## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2007 08:00 AM **DOCUMENT # P05000156520 Secretary of State** BILL FISHER ENTERPRISES, INC. Mailing Address Principal Place of Business 3145 JARVIS STREET 3145 JARVIS STREET HOLIDAY, FL 34690 HOLIDAY, FL 34690 No Cha-P CR2E034 (11/05) 01202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3888016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FISHER, WILLIAM A SR 3145 JARVIS STREET HOLIDAY, FL 34690 IN THIS SPACE 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) U00000060**50**69 01/30/07-80021-010 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FISHER, WILLIAM A SR 3145 JARVIS STREET STREET ADDRESS CITY-ST-ZIP HOLIDAY, FL 34690 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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 charged, or on an attachment with an address, with all other like empowered.

CITY- ST-7IP

SIGNATURE: WILLIAM A. FISHER Se. 1/22/07 727.946.7707

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Day

Description of Dispersion of