


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90058 045 \*\*\*150.00

<b>DOCUMENT # P05000165698</b>	
1. Entity Name <b>FISHER-BEE EXCAVATING INC.</b>	

Principal Place of Business <b>1703 MAGNOLIA AVE 911 BIG TREE RD</b> <b>LOT # B-21</b> <b>SOUTH DAYTONA, FL 32119 US</b>	Mailing Address <b>1703 MAGNOLIA AVE PO Box 214428</b> <b>LOT # B-21</b> <b>SOUTH DAYTONA, FL 32119 US</b>
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40061000



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4045707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>APPLEBY, JERRY</b> <b>1703 MAGNOLIA AVE</b> <b>LOT # B-21</b> <b>SOUTH DAYTONA, FL 32119</b>
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**DO NOT WRITE  
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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>APPLEBY, JERRY</b> <b>1703 MAGNOLIA AVE LOT # B-21</b> <b>SOUTH DAYTONA, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FISHER, DOUG</b> <b>158 POND RD</b> <b>FITZGERALD, GA 31750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/07**  
Date

Daytime Phone #