

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90101 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |                                                                                                                        |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000120549</b><br>1. Entity Name<br><b>FUCHS ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                     |                                                                                                                        |                                                                                                       |  |
| Principal Place of Business<br><b>12919 POST ROAD<br/>HUDSON FL 33709<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                     | Mailing Address<br><b>12919 POST ROAD<br/>HUDSON FL 34669<br/>US</b>                                                   |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | 3. Mailing Address  |                                                                                                                        |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            | City & State        |                                                                                                                        |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                    | Zip                 | Country                                                                                                                | 4. FEI Number<br><b>20-5576254</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                     |                                                                                                                        | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>FUCHS, GEORGE H<br/>12919 POST ROAD<br/>HUDSON FL 34669</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                     |                                                                                                                        | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee - applicable (NOT) Registered Agent signature required when sponsoring</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                     |                                                                                                                        |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>FUCHS, GEORGE H</b><br><b>12919 POST ROAD</b><br><b>HUDSON FL 34669</b> <input type="checkbox"/> Delete     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>FUCHS, ELISABETH M</b><br><b>12919 POST ROAD</b><br><b>HUDSON FL 34669</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>FUCHS, ELISABETH M</b><br><b>12919 POST ROAD</b><br><b>HUDSON FL 34669</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>FUCHS, ELISABETH M</b><br><b>12919 POST ROAD</b><br><b>HUDSON FL 34669</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                                                                                                            |                     |                                                                                                                        |                                                                                                                                                                                        |  |
| <b>SIGNATURE: <u>Elisabeth Marie Fuchs</u> ELISABETH MARIE FUCHS 1-18-2007 327-856-3138</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                     |                                                                                                                        |                                                                                                                                                                                        |  |