

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # P06000120549	
1. Entity Name FUCHS ENTERPRISES, INC.	

Principal Place of Business 12919 POST ROAD HUDSON FL 33709 US	Mailing Address 12919 POST ROAD HUDSON FL 34669 US
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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

1st MOORE CR2E034 (10/07)

4. FEI Number 20-5576254	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FUCHS, GEORGE H 12919 POST ROAD HUDSON FL 34669	
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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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUCHS, GEORGE H	NAME	
STREET ADDRESS	12919 POST ROAD	STREET ADDRESS	
CITY- ST- ZIP	HUDSON FL 34669	CITY- ST- ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUCHS, ELISABETH M	NAME	
STREET ADDRESS	12919 POST ROAD	STREET ADDRESS	
CITY- ST- ZIP	HUDSON FL 34669	CITY- ST- ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUCHS, ELISABETH M	NAME	
STREET ADDRESS	12919 POST ROAD	STREET ADDRESS	
CITY- ST- ZIP	HUDSON FL 34669	CITY- ST- ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUCHS, ELISABETH M	NAME	
STREET ADDRESS	12919 POST ROAD	STREET ADDRESS	
CITY- ST- ZIP	HUDSON FL 34669	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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.	
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SIGNATURE: <u>ELISABETH MARIE FUCHS</u> <i>Elisabeth Marie Fuchs</i> 2.1.2008	727-856-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	