
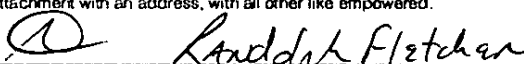


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90401 016 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P92000013092					
1. Entity Name FLETCHER & COMPANY INC.					
Principal Place of Business 612 N ORANGE AVENUE B-2 JUPITER, FL 33458 US			Mailing Address 612 N ORANGE AVENUE B-2 JUPITER, FL 33458 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #., etc.			Suite, Apt. #., etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0372498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLETCHER, RANDY 17435 SAPP PLACE JUPITER, FL 33458				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			10. \$5.00 May Be Added to Fees		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLETCHER, RANDOLPH		NAME		
STREET ADDRESS	17435 SAPP PLACE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLETCHER, JOYCE		NAME		
STREET ADDRESS	17435 SAPP PLACE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAARSLAY, ERIC		NAME		
STREET ADDRESS	371 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: 			4/26/06 901 748-3630		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Dept/Fin Phone #		

40075761



04262006 Chg-P CR2E034 (11/05)