2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000008586

1. Entity Name
FLETCHER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1306 N.W. 125 TERR SUNRISE, FL 33323 US	1306 N.W. 125 TERR SUNRISE, FL 33323 US

02202008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0469647
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, HALRIC E.
1306 N.W. 125 TERR
SUNRISE, FL 33323

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLETCHER, HALRIC
STREET ADDRESS	1306 N.W. 125 TERR
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DV
NAME	FLETCHER, LYDWEINE
STREET ADDRESS	1306 N.W. 125 TERR
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	TD
NAME	FLETHCER-LAWRENCE, ROSE
STREET ADDRESS	2070 NW 98 TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	SD
NAME	REID, SANDRA
STREET ADDRESS	16822 SW.. 5TH WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/06-80053-014 150.00

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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: Sandra A. Reid SANDRA A. REID 3/6/06 305 625-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #