

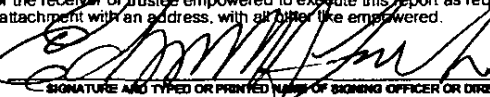


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90165 025 ***150.00

DOCUMENT # P94000047025 1. Entity Name E.H. FISCHER CORPORATION					
Principal Place of Business 230 S.E. 45TH TERRACE OCALA, FL 34471 US			Mailing Address 230 S.E. 45TH TERRACE OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box # 3829 SE 15TH ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3829 SE 15TH ST <small>Suite, Apt. #, etc.</small>			
City & State OCALA FL		City & State OCALA, FL		4. FEI Number 65-0501722	
Zip 34471		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, EDMUND H 230 S.E. 45TH TERRACE OCALA, FL 34471				7. Name and Address of New Registered Agent Name FISCHER EDMUND H Street Address (P.O. Box Number is Not Acceptable) 3829 SE 15TH ST City OCALA FL Zip Code 34471	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FISCHER, EDMUND H		TITLE P	NAME FISCHER EDMUND H.	
STREET ADDRESS 230 SE 45TH TERRACE	CITY-ST-ZIP OCALA, FL 34471		STREET ADDRESS 3829 SE 15TH ST	CITY-ST-ZIP OCALA, FL 34471	
TITLE ST	NAME FISCHER, KAREN R		TITLE ST	NAME FISCHER KAREN R	
STREET ADDRESS 230 SE 45TH TERRACE	CITY-ST-ZIP OCALA, FL 34471		STREET ADDRESS 3829 SE 15TH ST	CITY-ST-ZIP OCALA FL 34471	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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 			4/18/07 352-694-9554		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		