

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081171

Entity Name: FLETCHER COMPANIES, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

% J. CARTER FLETCHER
206 STATE ROAD 200
FERNANDINA BEACH, FL 32304

New Principal Place of Business:

Current Mailing Address:

P O BOX 1080
206 STATE ROAD 200
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: 35-1309684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: FLETCHER, JOHN C
Address: P O BOX 1080
City-St-Zip: FERNANDINA BEACH, FL

Title: PD () Delete
Name: FLETCHER, JOHN C
Address: 1948 SPRINGBROOK RD
City-St-Zip: FERNANDINA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. CARTER FLETCHER

PRES

08/23/2005

Electronic Signature of Signing Officer or Director

_____ Date