

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90191 022 \*\*\*150.00

**DOCUMENT # P98000028867**

1. Entity Name  
**SOVEREIGN BUILDING INVESTMENT CORPORATION**



Principal Place of Business  
**18 NW 3RD AVENUE  
OCALA, FL 34475 US**

Mailing Address  
**C/O TIMOTHY FISHER, P.A.  
18 NW 3RD AVENUE  
OCALA, FL 34475 US**

**50017205**

2. Principal Place of Business  
**108 N. Magnolia Avenue**  
Suite, Apt. #, etc.  
**Suite 600**  
City & State  
**Ocala, FL**  
Zip  
**34475** Country  
**USA**

3. Mailing Address  
**c/o Timothy A. Fischer, PA**  
Suite, Apt. #, etc.  
**P.O. Box 878**  
City & State  
**Ocala, FL 34478**  
Zip  
**34478** Country  
**USA**

04262006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3504975**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**FISCHER, TIMOTHY A  
18 NW 3RD AVENUE  
OCALA, FL 34475**

7. Name and Address of New Registered Agent  
Name  
**same - new address only**  
Street Address (P.O. Box Number is Not Acceptable)  
**108 N. Magnolia Avenue**  
**Suite 600**  
City  
**Ocala** FL Zip Code  
**34475**

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 *Timothy A. Fischer* DATE *4/26/06*

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 ☐ **\$5.00 May Be**  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STANDLEY, JOSEPH W SR. 18 NW 3RD AVENUE OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS FISCHER, STEPHEN E 18 NW 3RD AVENUE OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>108 N. Magnolia Avenue, Suite 600 Ocala, FL 34475</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FISCHER, TIMOTHY A 18 NW 3RD AVENUE OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>108 N. Magnolia Avenue, Suite 600 Ocala, FL 34475</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy A. Fischer* *Secretary* DATE *4/26/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR