## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # P99000053003 1. Entity Name FISCHER PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business 2555 SW 39TH STREET PO BOX 101015 CAPE CORAL, FL 33914 CAPE CORAL, FL 33910 CR2E034 (11/05) 04242006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0924670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISCHER, MANFRED DO NOT WRITE **2555 SW 39TH STREET** CAPE CORAL, FL 33914 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE FISCHER, MANFRED NAME STREET ADDRESS **2555SW 39TH STREET** U000000545253 ns/11/06-80071-011 150.00 CITY-ST-ZIP CAPE CORAL, FL 33914 VSD TITLE FISCHER, BRITA NAME 2555SW 39TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR