


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000067744</b> 1. Entity Name FISHER GENERAL CONTRACTING, INC.	
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Principal Place of Business 907 BUNKER VIEW DR APOLLO BEACH, FL 33572	Mailing Address 907 BUNKER VIEW DR APOLLO BEACH, FL 33572
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3598284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FISHER, LOUIS  
907 BUNKER VIEW DR  
APOLLO BEACH, FL 33572

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FISHER, LOUIS 907 BUNKER VIEW DR APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FISHER, LINDA D 907 BUNKER VIEW DR APOLLO BEACH, FL 33572
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04/17/07-80087-025 150.00

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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: Dal Jiao 4-5-07 813-645-0847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #