



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90001 032 ***150.00

DOCUMENT # S22712					
1. Entity Name DEBRA L. FISCHER, P.A.					
Principal Place of Business 1369 40TH AVENUE NE ST. PETERSBURG, FL 33703 US			Mailing Address 1369 40TH AVENUE NE ST. PETERSBURG, FL 33703 US		
2. Principal Place of Business 8047 Stinnie Ave. North Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State St. Petersburg, Fla		City & State Same		06132006 Chg-P CR2E034 (11/05)	
Zip 33710		Country USA		4. FEI Number 59-3051612	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FISCHER, DEBRA L 1369 40TH AVE NE ST. PETERSBURG, FL 33703			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8047 Stinnie Ave. N City St. Petersburg FL Zip Code 33710		
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: <u>Debra L. Fischer</u> DATE: <u>6/16/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, DEBRA L 1369 40TH AVENUE NE ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8047 Stinnie Ave. N St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Debra L. Fischer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>6/16/06</u> Daytime Phone #: <u>727-381-6000</u>		