


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

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
St. Petersburg Fla

City & State

Zip
33710

Country
USA

6. Name and Address of Current Registered Agent

FISCHER, DEBRA L
1369 40TH AVE NE
ST. PETERSBURG, FL 33703

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: *Debra L. Fischer*

DATE: **6/16/06**

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8047 Stinnie Ave. N St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: *Debra L. Fischer*

DATE: **6/16/06**

DAYTIME PHONE #: **727-381-6000**

