


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S22712


1. Entity Name
 DEBRA L. FISCHER, P.A.



Principal Place of Business Mailing Address

8047 STIMIE AVE N 8047 STIMIE AVE N
 SAINT PETERSBURG, FL 33710 US SAINT PETERSBURG, FL 33710 US

DO NOT WRITE IN THIS SPACE



08192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3051612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, DEBRA L
 8047 STIMIE AVE N
 SAINT PETERSBURG, FL 33710

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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 _____ DATE _____
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
Due by September 12, 2008

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

TITLE	D
NAME	FISCHER, DEBRA L
STREET ADDRESS	8047 STIMIE AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 8/18/08 727-381-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #