2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED ---**DOCUMENT # V07609** Apr 26, 2006 08:00 AN Secretary of State 1. Entity Name GEORGE P. FLETCHER, INC. Mailing Address Principal Place of Business 8504 262ND TERR P 0 BOX 578 BRANFORD, FL 32008 BRANFORD, FL 32008 No Chg-P CR2E034 (11/05) 03222006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3099712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FLETCHER, GEORGE P DO NOT WRITE 8504 262ND TERRACE BRANFORD, FL 32008 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) 1/00/00/537570 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 05/09/06-80025-006 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FLETCHER, GEORGE P. NAME 8504 262ND TERR STREET ADDRESS CITY-ST-7IP BRANFORD, FL 32008 TITLE NAME FLETCHER, IVA T STREET ADDRESS 8504 262ND TERR BRANFORD, FL 32008 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 faccurate 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 receives or trustee or postered 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 of the receives or trustee or posterior and the statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE

STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Fletcher 4

24-2006

386-935-03

Daytime Phone #