

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 499701</b> 1. Entity Name <b>FISKE CONCESSIONS, INC.</b>	
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Principal Place of Business <b>23 NORTH FLORIDA AVE P O BOX 1177 BROOKSVILLE FL 34605-1177 US</b>	Mailing Address <b>23 NORTH FLORIDA AVE P O BOX 1177 BROOKSVILLE FL 34605-1177 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1701015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>PRICE, JERRY LEE 23 NORTH FLORIDA AVENUE BROOKSVILLE FL 34601</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	HUMPHREY, MRS BETTY C
STREET ADDRESS	908 CEDAR DRIVE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	VD <input type="checkbox"/> Delete
NAME	FISKE, MRS H W
STREET ADDRESS	615 HOWELL AVE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	SD <input type="checkbox"/> Delete
NAME	PRICE, GLENDA
STREET ADDRESS	23 N FLORIDA AVE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	PRICE, JERRY LEE
STREET ADDRESS	23 N FLORIDA AVENUE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000217098</b>
STREET ADDRESS	<b>02/07/05-80011-024 150.00</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Jerry Lee Price</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-20-05</u> <small>Date</small>	_____ <small>Daytime Phone #</small>
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