

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499701

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: FISKE CONCESSIONS, INC.

**Current Principal Place of Business:**

23 NORTH FLORIDA AVE  
P O BOX 1177  
BROOKSVILLE, FL 346051177 US

**New Principal Place of Business:**

23 NORTH FLORIDA AVE  
BROOKSVILLE, FL 346051177 US

**Current Mailing Address:**

23 NORTH FLORIDA AVE  
P O BOX 1177  
BROOKSVILLE, FL 346051177 US

**New Mailing Address:**

FEI Number: 59-1701015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, JERRY LEE  
23 NORTH FLORIDA AVENUE  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HUMPHREY, MRS BETTY C  
Address: 908 CEDAR DRIVE  
City-St-Zip: BROOKSVILLE, FL

Title: VD ( ) Delete  
Name: FISKE, MRS H W  
Address: 615 HOWELL AVE  
City-St-Zip: BROOKSVILLE, FL

Title: SD ( ) Delete  
Name: PRICE, GLENDA  
Address: 23 N FLORIDA AVE  
City-St-Zip: BROOKSVILLE, FL

Title: PD ( ) Delete  
Name: PRICE, JERRY LEE  
Address: 23 N FLORIDA AVENUE  
City-St-Zip: BROOKSVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA PRICE

SD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date