

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90124 020 ***150.00

DOCUMENT # P03000063031	
1. Entity Name LOUIS B. FISHER, III, INC.	

Principal Place of Business 230 MAYAN TER ST AUGUSTINE BCH, FL 32080	Mailing Address 230 MAYAN TER ST AUGUSTINE BCH, FL 32080
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24083731



2. Principal Place of Business 9 SABOR DE SAN ROAL	3. Mailing Address 9 SABOR DE SAN ROAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08132004 Chg-P CR2E034 (10/03)

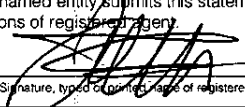
City & State ST AUGUSTINE FLA	City & State ST AUGUSTINE, FLA
Zip 32080	Country ST JOHNS/USA

4. FEI Number 47-0922734	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent FISHER, LOUIS B III 230 MAYAN TER ST AUGUSTINE BCH, FL 32080	7. Name and Address of New Registered Agent Name LOUIS B. FISHER III Street Address (P.O. Box Number is Not Acceptable) 9 SABOR DE SAN ROAL City ST. AUGUSTINE FL Zip Code 32080
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

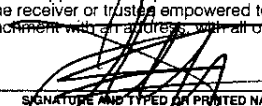
SIGNATURE  DATE **9/3/04**

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 8, 2004	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LOUIS B III 230 MAYAN TER ST AUGUSTINE BCH, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **9/3/04** Daytime Phone # **954 931 0592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

24083731

**LOUIS B. FISHER, III, INC.
LOUIS B. FISHER, III**

9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080
TEL: 0954-931-0592

JULY 30, 2004

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLHASSEE, FL 32314**

**RE: LOUIS B. FISHER, III, INC.
DOC NO. P03000063031
FEDERAL IDENTIFICATION NO. - 47-0922734**

**I HAVE DISCOVERED THAT I OWE FOR THE ANNUAL REPORT FOR THE YEAR 2004
FOR THE ABOVE CORPORATION.**

**THIS OVERSIGHT ON MY PART IS DUE TO THE FACT THAT I CHANGED ADDRESSES
SINCE THE FIRST OF THE YEAR AND IT APPEARS THAT ALL MY MAIL HAS NOT
BEEN FORWARDED. THIS IS THE FIRST YEAR THAT THIS FEE WAS DUE AND WAS
NOT AWARE SINCE THE CORPORATION HAS BEEN OPEN FOR ONLY A YEAR.**

**I UNDERSTAND THAT THERE IS A PENALTY FOR NOT HAVING FILED TIMELY BUT
I REQUEST THAT THIS BE WAIVED DO TO THE ABOVE CIRCUMSTANCES.**

**I AM ENCLOSING A CHECK FOR \$ 150.00. IF THERE IS AN ADDITIONAL CHARGE
PLEASE RESPOND ACCORDINGLY.**

NEW CORRECT ADDRESS:

**LOUIS B. FISHER, III, INC
9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080**

**DOC NO. P03000063031
FEDERAL IDENTIFICATION NO. - 47-0922734**

I THANK YOU FOR YOUR CONCERN REGARDING THIS MATTER.

SINCERELY,

LOUIS B. FISHER, III