2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State
07-24-2007 90039 015 ***150.00

DOCUMENT # P04000139990

1. Entity Name
FISHER KOPPENHAFER, P.A.

Principal Place of Business	Mailing Address
1450-1 FLAGLER AVENUE JACKSONVILLE FL 32207 US	1450-1 FLAGLER AVENUE JACKSONVILLE FL 32207 US

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9104 CYPRESS GREEN DRIVE	9104 CYPRESS GREEN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32256 Country: USA	Zip: 32256 Country: USA

4. FEI Number 14-1915699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOPPENHAFER, MICHAEL
1450-1 FLAGLER AVENUE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: MIKE KOPPENHAFER
Street Address (P.O. Box Number is Not Acceptable): 9104 CYPRESS GREEN DRIVE
City: JACKSONVILLE FL Zip Code: 32256

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] MIKE KOPPENHAFER 7/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,VP	☐ Delete
NAME	KOPPENHAFER, MICHAEL	
STREET ADDRESS	1450-1 FLAGLER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T,S	☐ Delete
NAME	KOPPENHAFER, MICHAEL	
STREET ADDRESS	1450-1 FLAGLER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] MIKE KOPPENHAFER, AIA 7/17/07 904-367-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #