

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055563

FILED
Apr 18, 2004
Secretary of State

Entity Name: FMIF, INC.

Current Principal Place of Business:

5665 TRAILWINDS DRIVE
#626
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

5665 TRAILWINDS DRIVE
#626
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0764650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, PATRICK B
2227 TREEHAVEN CIRCLE
FT MYERS, FL 33907 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: D () Delete
Name: ROBINSON, PATRICK B
Address: 2227 TREEHAVEN CIRCLE
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: ROBINSON, NANCY J
Address: 2227 TREEHAVEN CIRCLE
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: HECK, ROBERT
Address: 4289 MARINER WAY #112
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, PATRICK B
Address: 5665 TRAILWINDS DR #626
City-St-Zip: FT MYERS, FL 33907

Title: D (X) Change () Addition
Name: ROBINSON, NANCY J
Address: 5665 TRAILWINDS DR. #626
City-St-Zip: FT MYERS, FL 33907

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK B. ROBINSON

PRES

04/18/2004

Electronic Signature of Signing Officer or Director

_____ Date