


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 001 ***150.00

DOCUMENT # 190032			
1. Entity Name FISHBACK GROVES, INC.			
Principal Place of Business 42 W. CONCORD ST. ORLANDO, FL 32801		Mailing Address 42 W. CONCORD ST. ORLANDO, FL 32801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FISHBACK, E.W. 42 W. CONCORD ST. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name <u>FISHBACK, JOHN M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>42 W. Concord St.</u> City <u>Orlando</u> FL Zip Code <u>32801</u>	
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 <u>John M Fishback</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/22/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FISHBACK, JOHN M. 42 W. CONCORD ST. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John M Fishback</u>		Date: <u>4/22/04</u>	Daytime Phone #: <u>407/492-7699</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

24054650



04222004 Chg-P CR2E034 (10/03)

4. FEI Number **59-0780240** Applied For Not Applicable

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