

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 625197

**FILED  
May 10, 2005  
Secretary of State**

**Entity Name:** FLEISCHER'S, INC.

**Current Principal Place of Business:**

537 15TH STREET  
WEST PALM BEACH, FL 334012611

**New Principal Place of Business:**

**Current Mailing Address:**

537 15TH STREET  
WEST PALM BEACH, FL 334012611

**New Mailing Address:**

**FEI Number:** 59-1925615      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LANGSON, MARC  
4166 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33467 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: LANGSON, MARC  
Address: 4166 MACHESTER LAKES DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete  
Name: MCKEAN, SHANE  
Address: 4086 BAHIA ISLE CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

Title: S ( ) Delete  
Name: MCKEAN, SARA  
Address: 4086 BAHIA ISLE CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

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

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

Title: V (X) Change ( ) Addition  
Name: MCKEAN, SHANE  
Address: 11759 OSPREY POINT CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

Title: S (X) Change ( ) Addition  
Name: MCKEAN, SARA  
Address: 11759 OSPREY POINT CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

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: MARC LANGSON

PTD

05/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date