

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000976

FILED
Jul 08, 2005
Secretary of State

Entity Name: FISHER CONSULTING SERVICES, INC.

Current Principal Place of Business:

10435 ORTONVILLE ROAD
CLARKSTON, MI 48348

New Principal Place of Business:

Current Mailing Address:

10435 ORTONVILLE ROAD
CLARKSTON, MI 48348

New Mailing Address:

FEI Number: 38-2976663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KIMBERLY
4332 HUNTING TRAIL
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: CT () Delete
Name: CARTER, BENJAMIN
Address: 1 PARKLANE SUITE 100E
City-St-Zip: DEARBORN, MI 48126

Title: D () Delete
Name: SPIRO, ALEXANDER
Address: 32330 W. TWELVE MILE ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D () Delete
Name: WAGNER, WILLIAM
Address: 4228 DESERT SKY CT
City-St-Zip: CAVE CREEK, AZ 85331

Title: S (X) Delete
Name: DAVIS, KIMBERLY
Address: 10435 ORTONVILLE ROAD
City-St-Zip: CLARKSTON, MI 48348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: OHNGREN, JAMES
Address: 10435 ORTONVILLE ROAD
City-St-Zip: CLARKSTON, MI 48348

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

Title: S (X) Change () Addition
Name: DAVIS, KIMBERLY
Address: 10435 ORTONVILLE RD
City-St-Zip: CLARKSTON, MI 48348

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: KIMBERLY DAVIS

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07/08/2005

Electronic Signature of Signing Officer or Director

Date