

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 032 ***158.75

DOCUMENT # F77667

1. Entity Name

FISHER CORPORATION



Principal Place of Business

SUITE 306E, GOLDEN BEAR PLAZA
11770 US HIGHWAY ONE
PALM BEACH GARDENS FL 33408

Mailing Address

SUITE 306E, GOLDEN BEAR PLAZA
11770 US HIGHWAY ONE
PALM BEACH GARDENS FL 33408



2. Principal Place of Business - No P.O. Box #

2117 S. U.S. Hwy 1

3. Mailing Address

2117 S. U.S. Hwy one

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jupiter, FL

City & State

Jupiter, Florida

4. FEI Number

59-2170273

Applied For

Not Applicable

Zip

33477

Country

Palm Beach

Zip

33477

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAFERKAMP, CLAYTON M
16308 PORT DICKINSON DRIVE
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

--- FL --- Zip Code ---

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FISHER, ROBERT C JR.
411 WESTVIEW AVENUE
NASHVILLE TN 37205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
FISHER, JOYCE C
160 BEAR'S CLUB DRIVE
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
HAFERKAMP, CLAYTON M.
16308 PORT DICKINSON DRIVE
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clayton M. Haferkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clayton M. Haferkamp
DATE

Date

Daytime Phone #

1/26/07