

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001508

1. Entity Name
SOCIAL SCIENCE MONOGRAPHS, INC.



Principal Place of Business

**2360 DARTMOUTH AVE
BOULDER, CO 80303 US**

Mailing Address

**BOX 29 REGENT HALL
UNIVERSITY OF COLORADO
BOULDER, CO 80309-0029 US**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0835368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISHER, STEPHEN A
3653 CORTEZ RD., W., #120
BRADENTON, FL 34210**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**PTD
FISHER, STEPHEN A
766 MAGELLAN DR.
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
FISHER, ANNE D
766 MAGELLAN DR.
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TYSON, ANNE
1220 W. LAKE DRIVE
TAYLOR, TX 76574**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/04-80069-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Stephen A. Fisher* **Stephen A. Fisher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2004

Date

941-753-4782

Daytime Phone #