## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08088

**Entity Name: JIM FISHER & COMPANY** 

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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685 VENETIAN BAY BLVD 424 LUNA BELLA LANE

NEW SMYRNA BEACH, FL 32168 LIS SUITE 133

NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 290445 872 SUGAR GROVE CT

PORT ORANGE, FL 32129 PORT ORANGE, FL 32129

FEI Number: 59-2870720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STRODE, KIM 4720 HIDDEN LAKE DR PORT ORANGE, FL 32129 US

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:

Name:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

FISHER, JAMES R., FISHER, JAMES R., Name: Name: 872 SUGAR GROVE CT. P.O. BOX 290445 Address: Address:

City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32129 US

Title: Title: ST (X) Change ( ) Addition () Delete

Name: FISHER, JOYCE K. Name: FISHER, JOYCE K., 872 SUGAR GROVE CT. P.O. BOX 290445 Address: Address:

PORT ORANGE, FL 32129 US PORT ORANGE, FL 32129 US City-St-Zip: City-St-Zip:

VPD Title: Title: () Delete () Change () Addition

FISHER, WILLIAM E., Name: P.O. BOX 4393 Address: Address: City-St-Zip: KAILUA-KONA, HI 96745 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES R. FISHER **PRES** 01/21/2008