## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # K78658 1. Entity Name 04-12-2004 90323 008 \*\*\*150 00 FISCHER'S HARDWOOD FLOORS, INC. Principal Place of Business Mailing Address 337 NE 9TH ST **337 NE 9TH ST** 24021142 CAPE CORAL FL 33909 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State 65-0125707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISCHER, BRYAN WILLIAM **337 NE 9TH ST** CAPE CORAL FL 33909 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Change Addition 1711 € ☐ Delete FISCHER, BRYAN WILLIAM NAME NAME 1417 S.W 10th St 337 NE 9TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Defete TITLE Change ☐ Addition TITLE NAME FISCHER, ELAINE 5.W. 10t 337 NE 9TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-Z!P CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME FISCHER, ELAINE NAME STREET ADDRESS STREET ADDRESS **337 NE 9TH ST** CITY-ST-ZIP City-St-7IP CAPE CORAL FL ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED