

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 031 ***150.00

DOCUMENT # K78658

1. Entity Name

FISCHER'S HARDWOOD FLOORS, INC.



Principal Place of Business

1417 SW 10TH ST.
CAPE CORAL FL 33991

Mailing Address

1417 SW 10TH ST.
CAPE CORAL FL 33991

2. Principal Place of Business

3417 SW 11th Ct
Suite, Apt. #, etc.

3. Mailing Address

3417 SW 11th Ct
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Cape Coral, FL
33914 Lee

City & State

Cape Coral, FL
33914 Lee

4. FEI Number

65-0125707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, BRYAN WILLIAM
1417 SW 10TH ST.
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name

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

3417 S.W. 11th Ct

City

Cape Coral

FL

Zip Code

33914

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, 2005 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 PD
NAME FISCHER, BRYAN WILLIAM
STREET ADDRESS 1417 SW 10TH ST.
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE DVS
NAME FISCHER, ELAINE
STREET ADDRESS 1417 SW 10TH ST.
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE T
NAME FISCHER, ELAINE
STREET ADDRESS 1417 SW 10TH ST.
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3417 S.W. 11th Ct
CITY-ST-ZIP Cape Coral FL 33914 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3417 SW 11th Ct
CITY-ST-ZIP Cape Coral FL 33914 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3417 S.W. 11th Ct
CITY-ST-ZIP Cape Coral FL 33914 ☒ Change ☐ Addition

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

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

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

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:

Elaine Fischer 2/18/05

239 540 4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #