


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002730</b>		
1. Entity Name MEL FISHER DAYS, INC.		
Principal Place of Business 200 GREENE STREET KEY WEST, FL	Mailing Address 200 GREENE STREET KEY WEST, FL	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FISHER, KIM H ESQ. 200 GREENE ST KEY WEST, FL 33040		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABT, TAFFI F 200 GREENE STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, DELORES E 200 GREENE STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, KIM 200 GREENE STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLYNE, PATRICK J 200 GREENE STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STAUCH, JAN S 200 GREENE STREET KEY WEST, FL	
TITLE NAME STREET ADDRESS 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 617, 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: <u>Kim Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0927664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000312225  
04/18/05-80076-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

4/11/05 305-294-16955  
Date Daytime Phone #